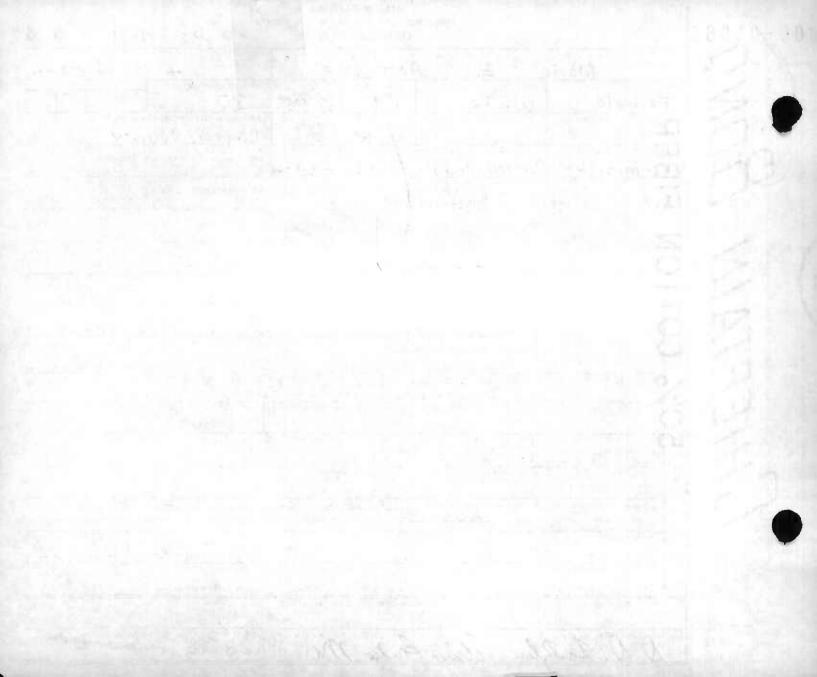
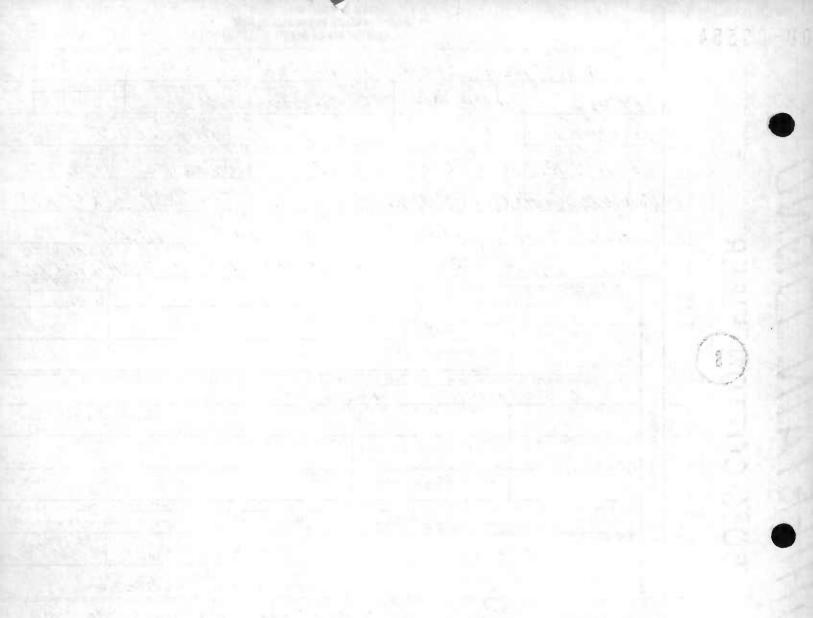
(VRA 15, 4)



	1			STATE OF MARYLAND		
10-03554	1-	FOR STATE	DEPARTI	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 6	11389
10-03334		REGISTRAR FASED NAME FIRST	WIDDLE	LAST	REG. NO	MONTH DAY YEAR 26. HOUR
oy be noge 3 deoth		CEASED NAME FIRST DORATA	HEA STUAK	T ARMIGER	4	-10-86 1 PMM
moy pog ter de	3. SE		1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4 000	F	EMALE	CHUCKSIAN	6 28 05	82	YRS.
0 1 16 7	70. BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	ALL CO
of the bottom of	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS ADDRESS OF OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
120 120 120 120		AL RESIDENCE (IF NURSING HOME OR TAJE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	EADMISSION) /N PASIL INSIDE CITY LIMITS?	13e STREET ADDRESS	24/52
MARYLAND 2120 red within 24 hours and better 1 sheeld be to any 2 sheeld be to	M	ARYLAND CH	ERUL WESTMI	YES NO NO	1515 1115	4BERRY KD
ARM 1 150K	14. FA	THER'S NAME	STIAK	115 MOTHER'S MAIDEN NA	MIDDLE	MINF LAST
	160. V	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b. SOCIAL SECU	URITY NO. 17. INFORMANT	ADDRE	SS WEIMINSTER
BALTIMORE, cate be executed to open. Popers well well control of the medical of t		NO N.	A. 215-011-	7212 LEE ARM.	16ET 15	13 MAYBERRYRD
BALT carte carte carte coper-		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line for (a), (b), ar			APPROXIMANE INTERVAL BETWEEN ONSET AND DEATH
ST.,	-	IMMEDIAT	ECAUSE (a) Rena/	Failure		3 Cays
deeth c		Canditions, if any, which	DUE TO, OR AS A CONSEQU	ence of elevosis		
	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU			
M		underlying cause last.	(c)			
	2		1111	DEATH BUT NOT RELATED TO THE TERM		DITION GIVEN IN PART 1(0)
RECORDS,	18	19a. DATE OF OPERATION	IN CONDITION FOR WHICE	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
L REC	CERTIFICATION	- THE OF GREATION	The contained for while		YES TO NOT	IN CERTIFYING CAUSES OF DEATH?
VITA TO OVER THE PARTY OF THE P	1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR		
OF STATE OF	275-05-7	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
DIVISION OF VITAL  OUG PHYSICIANE The outending physician out the build front if the next the build front if the and Meetal Hygien or here J& should	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
DIVI P P P P P P P P P P P P P P P P P P P	1	AT WORK AT WORK		7.0//- 100°T	to 4-1	9 19 38 , that (1) (we) last
0 0 1 0 1 1 0 0 1 1 1 0 0 1 1 1 1 1 1 1		saw the deceased alive an	tal) attended the deceased from	En /	, 10	that (1) (we) last and have and from the causes stated
FECT PER SE		above, (1) (we) (did) (did na 22b. SIGNATURE	it) view the bady ofter death.	DEGREE		22c. DATE SIGNED
AL DI CAL	16	Wom Tack	180 test	DID ATTENDING PHYSICIAN	MEDICAL STAF	F 4-11-86
O HOSPITA  Thorned by Thorned by O Funetha  Another be Stote  ANORTANT		22d. PHYSICIAN'S NAME (TYPE OF	Seisert Do	340 Lum	ber St. Ci	Hertown
55 543 8	23a.	CREMATION, REMOVAL	11/14/86 14	NAME OF CEMETERY OR CREMATORY	23d LOCATION	NEE OUD MEDIE
DHMH-16 60M 1/73	74. 5	HNERAL DIRECTOR	a demand	ble star clocks 1984	TE REC'D. BY REGISTRAR	756 REGISTRAR'S SIGNATURE
(VR A 15 (4))	10	Het A. Whye	re 4/ Williast	MAD TO	THE COME OF	and Supplied Justine



Strappendent in 18 31 18 Augusta

				STATE OF MARYLAND		
00 03151	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY	YGIENE 8 6	1390
00-03154		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3		Mar	paret P.	Baer	4	6 86 090gm
a do la do l	3. SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
6 4 4 soft	1	female.	White.	AONTH DAY YEAR 7	69 YRS	MONTHS DATS HOURS MIN.
Pood Propos		RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	BALTIMORE CITY OR COUNT	Y OF DEATH
deoth.		MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Carroll	MD.
P 0 2 7	10 C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR
in the second	W	estminster!	CANTOLL COLD	1. / 1	Scamstvess	Sewing Factory
212		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		
N 24 Stille	100.	md BA	14	/	5216 Buerl	Rd. 21155
Thur thur thur thur the	14 F.	ATHER'S NAME	MIDDLE AST	15. MOTHER'S MAIDEN N	NAME	
MAR whole	V	Howard	BAC	v Stell	A	Kefauver
- 0-		VAS DECEASED EVER IN U.S. AF			ADDRESS 72	3 MADLE GIOVE 12
PRESTON ST., BALTIMORE, he dead controlled execute the dead controlled execute the dead controlled execute the dead controlled to the dead controlled execute. The dead controlled execute the medical controlled execute the controlled ex		YES, NO OR LINKNOWN) (IF YES, GI	VE WAR OR DATES) 219 - /(	0-4541 DAVID E	= BARY HAN	
		18 CAUSE OF DEATH (Enter a	nly ane cause per line for tay (b), a	nd it	, V F.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T Q Q A A S		PART I. DEATH WAS CAUSI	ED BY. TE CAUSE (a) acute	myocardial	infraction	
SZ C S		WWW.CDW	DUE TO, OR AL CONSEQU	ENCE OF '		
		Conditions, if any, which	aller	estandes		
A de		gave rise to immediate cause (a), stating the	DUE TO OR AS A CORSEQUE	Acros OO't		
hor hor ose		underlying cause last	dialie	seties me estes		
ned by pleo		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAND TO THE TEL	RMINAL DISEASE OR CONDITION GI	IVEN IN PART Tra
RDS, equir n sig Then r to b	0	Demans (	old) myoco	idial inffact	Non	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir oftending physician.  fiter this certificate has been signs the burnol-transit permit. Then th and Mental Hygiene prior to be norked or Item 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION OR WHIC	h operation was performed	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ALR ion. hos it per iene	TE		of children and			ES NO
VITA N. T. N. T. T. Mysicine icote ronsis Hygin Hygin	Ü	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)
ON OF HYSICIA ding pl is certif burnal-t Mental	3	OR CONTRIBUTING CAUSE OF DE	AIII	19		
PHYSICIAN: PHYSICIAN: this centifico he burol-trac had Mentol Hy ed or frem 18	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
JVIS JG P otter frer the bong	2	AT WORK NOT WHILE		1100	1 11	
A S S E		22a. I certify that (this hasp	nital) attended the deceased fram	190	6, to 7/6	, 19 80, that (1) (10) last
R ATTEND haspital o haspital o hed for use spt. of Heal		saw the deceased alive an above, (1) (we) (did) (did o	n 19	86, and that in (my) (or) opinio	an death accurred an the date and ha	ur and from the causes stated
OR AT OR AT DIREC Sched to Dept. of tem ?!		SIGNATURE	2 01	DEGREE		22c. DATE SIGNED
AL CAL Code or		Darrens's	Sobsomorphos	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	411186
d by		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS		21157
TO HOSPITAL retained by the TO FUNERAL should be detained by with the State MAPORTANT. If		TARK W.	ESPENSCHADE	EUR 419 + MALC	OLM DR. WESTI	MINSTEN, MU.
5 5 5 % M	23a	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	Y 23d. LOCATION	COUNTY
BP	L	BURNL	APRIL 9, 1986 3	T. PAUL CEM.	UPPERCO C	ARROLL MD.
DHMH - 16 60M 7/84	24 E	UNERAL DIRECTOR	1/ECKHAN	DI FWERTE CHATED	ATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	1/4	Lawy / Latt	Engol MANCI	HESTER MD.	RO = 1896 deliad	widow-Rondall

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR -029 DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FIES D. MITHIN 72 HOUR W PRESTON STREET George Nathan Bair 4. RACE S. DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED Male White 1913 72YRS DEAD 6 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Westminster, Md MARRIED NEVER MARRIED U.S.A. WIDOWED [ DIVORCED Carroll FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OPINDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Westminster East Main Street RECORDS, 1 USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Carroll Westminster YES NO . Main Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Howard Bair Mamie Lee Barnes 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Street DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Mda Westminster Bair .Md. 2115 Navy Yes World CAUSE OF DEATH (Enter only one couse BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT AND MENTAL HY Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A ALTH A IFICATION 0 HE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF H BURIAL YES NO [ SHOULD BE BE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 00 AT WORK AT WOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 27s. I sertify that I took charge Inspection V DIRECTOR: Autopsy Inquiry A ond in my opinion death resulted from Undetermined monner TO FUNERAL DAFTER DEATH, BALLINORE, MA DEATH, ORE, MA MEDICAL EXAMINER EXAMINER'S NAME 23d LOCATION 230. BURIAL, CREMATION, REMOVAL TA DATE 23c NAME OF CEMETERY OR CREMATORY Buria] Westminster Cemetery Fletcher & Son F. H. DATE REC Westminster Carroll BP. UNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Main Street (VR A15 ME (5)) Julia Davidson 15M 7/77

STATE OF MARYLAND

133 3 4 second in the contract to the problem of the contract of the c 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HYG	IENE 8 6 REG. NO.	1	3	9	2
	20. DATE OF DEATH MONTH	DAY	YEAR	26 HO	UR
01	April 20, 19	86		4:1	0 рм
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
		MONTHS	DAYS	HOURS	MIN.
7	79 YRS				
DX	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	Carroll Cou	nty			MD.
1	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	12b.		F BUSIN	ESS OR
	Hardware Clerk		Re	tail	

1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND		8 6	REG. NO.	1 1	3	9	2
	CEASED NAME	F IRST	N	NIDDLE	L	AST		20. DATE OF DE	ATH MON	TH DAY	YEAR	26 HOL	JR
(1.4.6		arl	C	bifton	Ве	ell		Apri	1 20,	1986		4:10	Mq0
3. SE	x	4	RACE		5. DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDA	Y) IF L	INDER I YEAR	IF UNDER	24 HRS
	Male		Wh	ite	3	8	1907	79		YRS			
	IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8	□ NEVER	MARRIED N	9 BALTIMORE	CITY OR CO	OUNTY OF	DEATH		
	Maryl	and	U.S		WIDOWE		NORCED	Car	roll	Count	y		MD.
10. C	ITY OR TOWN OF DE	ATH 1		OSPITAL, NU	RSING HOME C	R OTHER INS	TITUTION	120 USUAL OCC			12b. KIND O	F BUSIN	ESS OR
S	kesville,	Md	Spring	field	Hospital	L Cente	er	Hardwa			_	tail	
13a. S	AL RESIDENCE (IF NURS	ING HOME OF C	THER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE	ITY LIMITS?	13e STREET ADD	RESS / 71	CODE	1000		-72
	Maryland	Howa		Sava		YES X	NO 🗌	8520 Co			treet	207	63
IN FA	ATHER'S NAME	M	IDDLE	LAST		15 MOTHER	S MAIDEN NA		IDDLE	100	LAS	i.T	
1	James	Н		Bel	1	X)		& Cather	ine.		Redmi	les	
	WAS DECEASED EVER		NED FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORM	INA	6	624 A	Spern	Drive	0.	
NO	MAKKAMA	( /		213-0	5-8324	Now	iene Sa	rgent H	aletho	orne	Md 2	1227	100
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one cause per	line for 1a1, (b	, and (cu)	271					BETWEEN	IMATÉ INTE ONSET AND	RVAL DEATH
	PART I. DEATH W	IMMEDIATE	CAUSE (a) B1	onchop	neumoni	a, mai	nly of	Rt. lung			Da	tys	
	Marie Control		DUE TO, OF	AS A CONSE	OUENCE OF								
	Canditions, if any		( ıb)	Compli	cating	Senile	Dement	ia				-	
FOLI	cause (a), statir	ng the	DUE TO, OF	AS A CONSE	OUENCE OF								
	underlying cause		(c)										
z	PART 2. OTHER SIGI		. M							ON GIVEN	IN PART 10	o,	
5	ASCVD wit	h occ]	usive	coronar	v arter	ioscle	rosis&	Myocardi 200 AUTOPS	al so		ere FINDIN		
CERTIFICATION	140 DATE OF OPERA	IION	140 CONDI	I ION FOR WE	IICH OFERATIO	N WAS FERE	JKMED		IN	CERTIFYIN	IG CAUSES	OF DEA	TH?
ERT	21a, ACCIDENT WAS UN	DERLYING T	21b. TIME O	F IN HIRY		121r HOW II	A ILIBY OCCUP	YES NI		YES D		NO [	
	OR CONTRIBUTING		HOUR A.	M. MONTH		110 110 11 11	130KT OCCOK	KED (ENIER WATORE	OF INJURY IN	IIEM IB FARI	TORPARTZ)		
MEDICAL	(IF EITHER NOTIFY MEDI		21e. PLACE O		19	211 LOCATI	ON					27	
WE	WHILE NOT WE AT WORK	HILE		EET, FACTORY, OFF	ICE FARM, ETC )	STREE		CI	TY OR TOWN		COUNTY		STATE
	22a 1 certify that (1)				07	rch 21	_, 1986	, toA	pril	20_, 19_	86	that (1) (	we) lost
	sow the deceas	ed alive an_did)(did not)	view the body	after death.	9 <u>86</u> , an	nd that in (my	(aur) apinion	death accurred a	n the date o	and hour or	nd from the	causes st	ated
	226. SIGNATURE	1 0			[	DEGREE	ATTENIONS	MEDICAL	CTAFF		22c. DATE	SIGNED	316
		0/	ا ومر و دوسار	0				MEDICAL DIRECTOR	STAFF PHYSICIAN	X	4/	21/8	6
	22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT			22e ADDRE					30		
	Suna (		M.D.					Hospita		ter,	Sykes	vill	e, Mo
.1	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C			23d. LOCATIO		C	OUNTY		STATE
1 0	urial		4-24-1	986	Savage	cemete	nu	Savac	10		Man	ulan	d

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR Donaldson Funeral Home P.A. Laurel, Maryland (VRA 15, 4)

Savage Marylana
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

And the sound of t	
Angeland Clarent Commission Commission Commission Commission Clarent Commission Clarent Commission	
party and Country (deprise) (deprise	
Logi montal information (250 con montal library, 1974). Security of the contains the contains of the contains and the contain	
ser i	
muse	Eural'
	ر
Translognumionis, actula clus. dans	01.10
k ale. I a nivera lata record a incondensivente genero catamico estu u x	wasa
April 20 Company of the State o	
And Control of the Co	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-03959 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 7b. HOUR KNOWN (TYPE OR PRINT) OF ESTI-ELAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
I PAGE 5 FOR YOUR FILES.
BE FILED WITHIN 72 HOURS.
BE FILED WITHIN 72 HOURS.
BE FILED WITHIN 72 HOURS. SHERMAN WAYNE BLACK DEATH MATED 4-12-86 19 SEX 4. RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 20 DATE MONTH LAST BIRTHDAY) RONOUNCED White Male Jan. 31, 1947 39YRS DEAD 8:40PM 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED K NEVER MARRIED FOREIGN COUNTRY) U.S.A. Penna. Carroll Co. WIDOWED DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Administrator Westminster Co. General Hospital Carroll CORDS E BALTIMORE, MD. 21201 13a STATE COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS AND Washington Hagerstown Route 9-Box 328 21740 NO X M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE 0. Black Helen Legore Α. Thornton 16h SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** DIVISION ALONG WITH FO ES. NO. OR UNKNOWN) 213-48-4132 No Rachel E. Black, Same As CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MENTAL HYGIENE, N. OR REMOVAL. IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL -TOF HEALTH AND MEI URIAL, CREMATION, ( lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, ( 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M TE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COLINIY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CRETHICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 X 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT Margarita A Korell M. D. ADDRESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 4-15-1986 Sams Creek Brthren Dennings, Carroll Md. 07/84 BP 25M 24. FUNERAL DIRECTOR DHMH - 17 Charles W. Burrier, Jr., Sykesville, Md. (VR A15 ME (5))

Teropeton O. Llank Plant Plant A. Leropeton Decoration of the part of the part

ble four so teamings conduct also to a Section of the land.

. b. .effaveaxy. . Ti. reirroft. | asfront

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b HOUR (TYPE OR PRINT) Rache1 86 Louise Stover Brown 3. SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF UNDER 24 HRS Female MONTH MONTHS DAYS HOURS Cauc. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maine Carroll County WIDOWEDIA DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY County General estminster Gen. 13a. STATE 13c. CITY OR TOWN 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MD. Carrol estminster 42 Timber Ridge 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST Priscilla MIDDLE James Jellison Stover ADDRESSWestminster, In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 557-24-9209 Wm. Thomas, 307 Janice Way no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for [a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/02 CERTIFICATION 0 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T burial-transit 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE 22a. | certify that (1)\_(this hospital) attended the deceased from, 1086 saw the deceased alive on above (I) we) (did (idid not view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 49 Frederick St. old b Gregorio C. Marfori, M.D. Tanevtown, MD 21787 23g BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION St. Paul's Lutheran Tanevtown Carroll 24. FUNERAL DIRECTOR Washington Road DHMH-16 60M 1/73 Frie veridon- Andere Robert K. Pritts, Sr., Westminster, MAPR 1 (VR A 15 (4))

STATE OF MARYLAND

.18 Mala-Noan 

00-	05177					STATE OF M	ARYLAND				
00-	05477	1-	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH CERTIFICATE	AND MENTAL HYGI OF DEATH	ENE 6 REG. N	۷٥.	1 3	96
	noy be poge 3 sr deoth		CEASED NAME FIRST OR PRINTI ANTH	1 1111 ·	MIDDLE	CHER	NEY	20. DATE OF DEATH	MONTH ZG	PEL PEL	1648 AT
1	ge 4 may ector. pag rs after de	3. SE	MALO.	4 RACE		S. DATE OF BIRTH	DAY YEAR	6. AGE TIN YEARS LAST B	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	eoth. Por in 72 hou		RTHPLACE (STATE OR FOREIGN PA .	76 CITIZEN OF	WHAT COUNTRY?	MARRIED N	DIVORCED T	BALTIMORE CITY  ARP		OFDEATH	MD.
6	by the to	19 01	DESTMINTED		HOSPITAL, NURSING FACILITY, GIVE STREET	NG HOME OR OTHE ADDRESS)	ER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIF		OF BUSINESS OR
ND 212	24 hour	USU/ 13a. S	AL RESIDENCE (IF NURSING HO)	ARROLL ARROLL	13c. CITY OR TOW	E ADMISSION) (N 13d. IN	SIDE CITY LIMITS?	13e. STREET ADDRESS	Vd le	e fini	1/se7
MARYLA	mpletely within	14 FA	THER'S NAME John	Andrew	Cher		other's malden name distribution of the restriction			Broo	la Pike
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	front co		1 4 7	ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECT		tty Cher	2209	01d ksour	West. g, Md.	Pike 21048
T., BALI	B Joseph Parent, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly one couse per USED BY: DIATE CAUSE (a)	ACUT!	CAN	DIAC AX	LYTHE	111	BETWEEN	IMATE INTERVAL ONSET AND DEATH
ESTON S	e deptire		Conditions on any, which	DUE TO, O	CO PON	ARY Y	ASCULAR	2 INSU	护的	MAY 5	YEARS
W. PR	of the	Silve	gave rise to immediate couse (a), stating the underlying cause last	DUE TO . O	RASA CONSEQUE	NCE OF SCLF	RTIC CH	e DIO-VAS	-DISI	3 5	YEAR
RDS, 20	equires n signed Then pli r to burn injury, o	NOI	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE OR COI	VDITION GIV	EN IN PART 110	
AI RECO	ion.  he low reconstruction.  the permit. I iene priorit	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
OF VIT	PHYSICIAN: The ending physicio this certificate is burial-tronsit and Amental Hygie dor item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.		AY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 F	PART 1 OR PART 2)	
IVISION		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		STREET 3	CITY OR T	OWN	COUNTY	STATE
	F = 5 0 4 2		220 I certify that (I) (this has a with decipated allowabove. (I) an idial idial	100 H // 10	24199	, and that i	n (my) (our apinion de	, to Allie eath accurred an the o	date and hau		that M (we) last causes stated
	OR Dep Poche Dep		Th SHOTATURE	29We	lever	M.D. DEGREE	ATTENDING _	MEDICAL STA		22c. DAJE	SIGNED 9 B
	O HOSPITAL etoined by the TO FUNERAL should be deto with the Stote		DANIEL	I WE	LLIVER	KI) 22e A	DDRESS 218 W	CTU, W	HIS	in w	12
			URIAL, CREMATION, REMO	VAL 23b. DATE		NAME OF CEMETER		23d LOCATION CITY OR TOWN		COUNTY	STATE
	BP	24 FL	Burial NERAL DIRECTOR 412	5/1		stmibste	er Cem.	Westmin		Carro	
	DHMH-16 50M 1/81 (VRA 1S, 4)	1	NAME CT 1.		gton Wes	ad <del>tminste</del>	VALA		Julia Das		ndami

MAY GRIPP THE THE WAY THE

I MERCIA WIN SYNERVICUS WIS MALTO, BITT SCHOOL LAGNET TOURS OF SURVEYORY THE SECURE THE STREET STREET, CARD. DATE STREET, THE STREET, MILE THE PARTY OF THE P

. U . WE DY CHILL III . I . D . JA HANN JIN ..

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 2b HOUR 26 IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR APPROXIMATE INTERVAL WEEKS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO  $\square$ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE \_19.86\_\_\_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED ALTIMORE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

NARD

2

YORI

600

No

HAMBITEAD

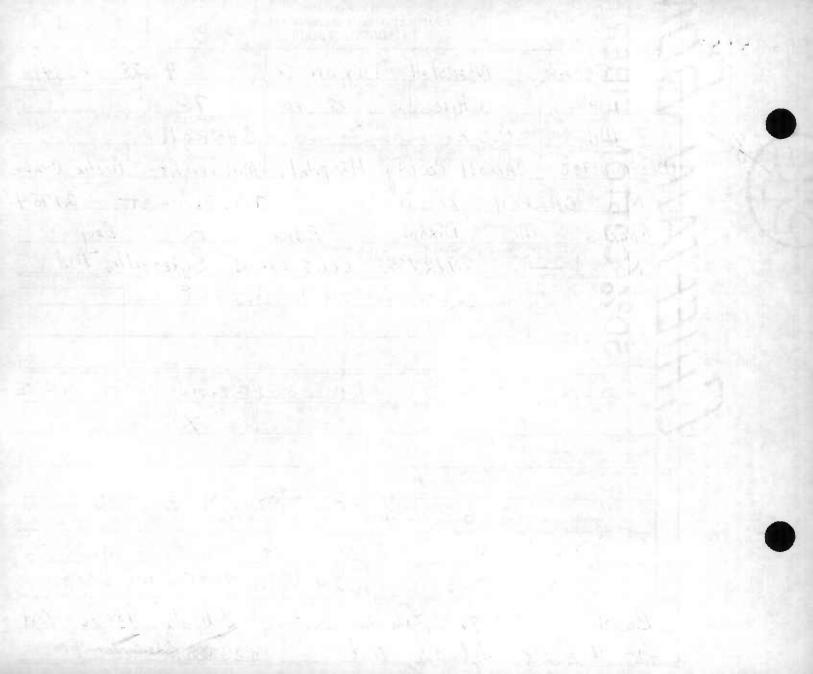
DEMARUA GC

VICTOR L.

T, WEST,

loulis

			STATE OF MARYLAND
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6
5153	) DE	REGISTRAR CEASED NAME FIRST	CERTIFICATE OF DEATH  REG. NO.  MIDDLE  LAST  LOST  LO
£ 4		OR PRINT)	A. HOOK
page er deot	3 SE	USCAR	MARShall DIX ON SR. 4 28 840841 M
en ofte	3	MAle	white 3 28 10 76 yrs MONTHS DATS HOURS MIN.
13		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVO
1 2	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
(D)	u	estminster AL RESIDENCE (IF NURSING HOME OR	CARROLL COUNTY HOSPITAL Millusright Proctor Gamble
1986		MA CAR	TY 134 CITY OR TOWN, 1 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 21784
1)600	H. FA	THER'S NAME	IS. MOTHER'S MAIDEN NAME
() \$ <u>10</u>	lán V	Charles VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
Pages Pages medical			- 2912 1373 DORIS DIXON Sykesville, Md.
al.		18 CAUSE OF DEATH (Enter or	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
an poly emov event	1	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Q ESPIRATORY ALCRST
carbing, ar r			DUE TO, OR AS A CONSEQUENCE OF
otian		Conditions, if ony, which gove rise to immediate	(b)
, crem ather 1		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF
uriol,		PARI 2 OTHER SIGNIFICANT (	(c)CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c)
ra b	N O	SENERR	C.O.P.D. ATHEROSCIEROTIC MEARE DISEASE
ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
Hygie 18 sho	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
Mentol or Item 1	CAL	OR CONTRIBUTING CAUSE OF DEA	
. 73	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  21l LOCATION STREET CITY OR TOWN COUNTY STATE
orked	-	WHILE NOT WHILE AT WORK	lila M M a co
Heal is m	15	22a 1 certify that (1) (this hospi sow the deceased alive an	ital) attended the deceased from 19 , 19 , to 19 , that (I) (we) lost
m 21		above, (1) (we) (did) (did no	til view the body after death.
tached e Dept If Hem		1000	DEGREE  ATTENDING MEDICAL STAFF  220: DATE SIGNED
Stote		TA PHYSICIAN'S NAME INTO	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
shauld be deto with the State I	13	NIKAT	PARA DRY WASHINGTON AB. WESTONINSK
\$ ≥₹	23a. 8	URIAL CREMATION REMOVAL	236. DATE 23c. NAME OF CEMETERY OR CREMATORY
-	24.5	Burne.	5-1-86 Lake liw Cometing Sylverielle Charle Md.
16 60M 7/84	74 FL	INERAL DIRECTOR	PL 250/DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



12	)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate by executed within 24 haurs after beath. Four a may be	0
retained by the haspinal of attending physician.	5
TO FUNERAL DIRECTOR. After this certificate has been signed by the artennative of samplerery tilled in by the tyrena director page 3 should be detached for use as the burial-transit permit. Then please remove cardinate of the contract of the contract death.	5
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarket	1
IMPORTANT: If them 21 is marked on them 18 shows any injury, or ather traumance of	l

STATE OF MARYLAND FOR - STATE REGISTRAR CERTIFICATE OF DEATH

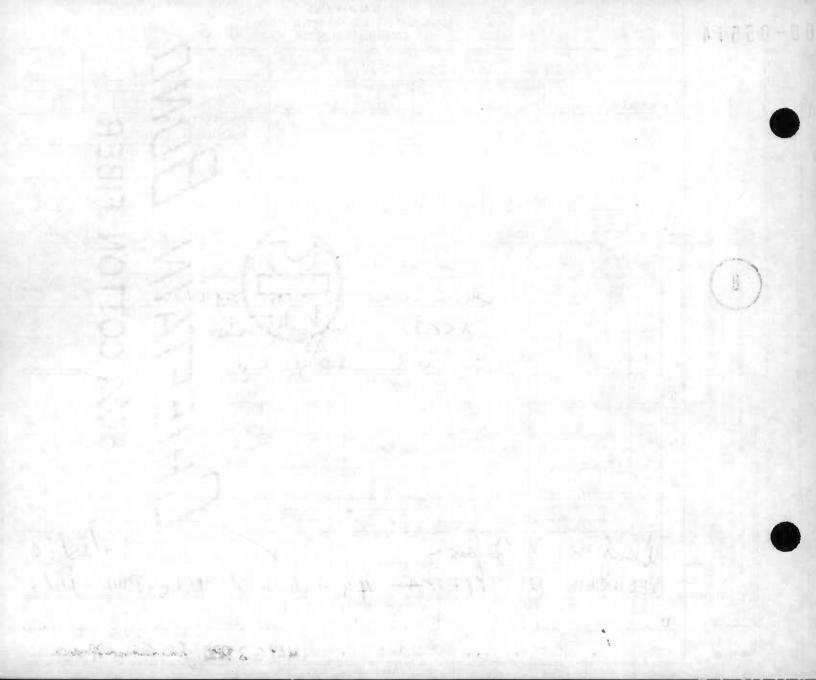
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	-	1	i.	0	
						_

1. DECEASED NAME FIR	ST	MIDDLE	EAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
CALI CALI	LISTA K	ATHRYN	DOYLE			1 27	86	
3. SEX	4 RACE	5.	DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
Female	Cauc		MONTH DAY		79	YRS	THS DATS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIG		WHAT COUNTRY? 8.			9 BALTIMORE CITY O		DEATH	
PA.	USA		NARRIED NEVE	DIVORCED	CARROLI	COUN	TY	M
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING H	OME OR OTHER I		120 USUAL OCCUPATI			F BUSINESS OF
Westminster	2501	Stone Roa	id		housewil	E (C)	home	9
USUAL RESIDENCE (IF NURSING H 13a STATE 13b.	COUNTY	13c. CITY OR TOWN	113d INSID		13e.STREET ADDRESS			
MD. C	arroll	Westmins	ter YES [	NO 🖾	2501 Stor	ne Roa	d 2:	1157
4 FATHER'S NAME	WIDDLE	LAST	15 MOTH	R'S MAIDEN NAM	E MIDDLE		LAS	
Emmett	Landis	Boyd	IV	lary	Veron	ica		gley
60 WAS DECEASED EVER IN U		166. SOCIAL SECURITY	NO. 17 INFOR	MANT	ADDRE	SS		
	YES, GIVE WAR OR DATES)	215-34-6	621 Edw	ard Doy	le 13e			
18 CAUSE OF DEATH (E)	oter noly noe cours oe	line for (a) (b) and (c)					APPROXI	MATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNIFIC		ONTRIBUTING TO DEA		ED TO THE TERMIN	200 AUTOPSY?	20b. IF YES, W		
E					YES NO	YES [		NO 🗌
00 00 110 010 010 010		M. MONTH DAY	YEAR 216. HOW	INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)	
(IF EITHER NOTHEY MEDICALE)	(AMINER) P.	M.	19			Try		
OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM	ETC ) 211 LOCA	TION	CITY OR TO	WN	COUNTY	STATE
22a L certify that (1) (this	hospital) attended th	ne deceased from		. 19	to	. 19.		that (I) (we) la
sow the deceased of	ive ondid not view the body	ofter death	, and that in (n	ny) (our) opinion de	eath accurred on the de	<del>ite o</del> nd hour or	d from the	couses stated
221 SIGNATURE	^1 ^	n deom	DEGREE				22c DATE	SIGNS C
11 Durredo	W. A.	god a		ATTENDING PHYSICIAN	MEDICAL STAF	FIANT	4/2	18/1-6
22d. PHYSICIANS NAME	(TYPE OR PR.I.I.,	1	22e ADDI	-			- 11	1
WEDIFFERO	N. I	6LF5/A	- UCa	Fredouzh	2 St. TIC	NFYTO	WH	Hel .
30 BURIAL, CREMATION, REM	OVAL 236 DATE	23(, NAM	E OF CEMETERY C	R CREMATORY	23d LOCATION	1-6 1 00		1 /
Burial	4/29	1-			CITY OR TOWN		YTHUC	STATE
- L C	160				The second second	$\sim 10 \sim$		
4 FUNERAL DIRECTOR 41	2 Washing	7 - 07	L HOLY	Redeeme 25a DATE	The state of the s		'S SIGNAT	MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



		FOR		DEPARTA		OF MARYLAND	TAL HYGIEN	IE es es	1	1 4	0 3
04141	1.	STATE REGISTRAR			CERTIFI	CATE OF DEAT	TH	B REG. NO	).	2	
		CEASED NAME FIRST		AIDDLE	LA	ST 2	20	. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
may be page 3 er death		BLANCHE	ALIC	E	EC	KER			4 15	86	7-M
. po	3. SE		4. RACE		5. DATE O	DAY	YEAR	AGE (IN YEARS LAST BIRT	HDAY) IF L	INDER I YEAR	HOURS MIN
irs af	1	CEMALE	CAUCI		8	5 9	75	90	YRS.		
Should be		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARR	RIED 7	BALTIMORE CITY O			
nero Z	m	ARYLANT	USA		WIDOWE			CARRO			N
oy the fulled with		TY OR TOWN OF DEATH	(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET DKARD		ROTHER INSTITUT	(1	a USUAL OCCUPATION  TYPE OF WORK FOR MOST O  SEAM STRI	WORKING LIFE)		N G
ri e e		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY L	IMITS? 13	e.STREET ADDRESS /	7IP CODE		
filled			ROLL	TANEYT	AMO	YES 🔀 NO		TBANKARD	TERR	ACB	2178
2 sh		THER'S NAME	WIDDIE	LAST		15. MOTHER'S MA		MIDDLE		LAST	
al de la	1	AMUEL		&LOVE &		HARRIE	T	DEED	£	DEE	25
Pages 1	16a. V	VAS DECEASED EVER IN U.S. AF	MED FORCES? /E WAR OR DATES)	2 12-34-		MARIE O	TT	7 BANKA	RD TE	ERRA	CE
been sign of by the attending phy mit. Then view commove carbon po prior tash (a), cerenation, or rema ony injury, or cere in aumatic even	CERTIFICATION	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS CO	R AS A CONSEQUI	ENCE OF  ENCE OF  DEATH BUT		THE TERMINA	ARTERY  ALDISEASE OR CON  200 AUTOPSY?		IN PART Ito	GS USED
has per ene ows	Ĭ	Appendix .						YES NO	YES [		NO [
certificate rid-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART	† OR PART 2)	
After this ce os the bur alth ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
R. Af		22a. I certify that (1) (this hosp			3/24	-	9.8/	, to 4/15		-	hot ( (we) li
for af H		sow the deceased alive or above, O(we) (did (did no	ot) view the body	ofter death.	, on	d that in my (our	) opinion dec	oth occurred on the de	ote and hour a	nd from the o	ouses stated
the hose etached te Dept. T: If them	3	OYM. R. L.	1 -1.	(m, c		DEGREE ATTEM PHYS	NDING SICIAN Ø	MEDICAL STAI	F IAN []	22c. DATE 5	SIGNED -/86
etained by 11 TO FUNERAL should be det with the State MPORTANT:		Wm. R. LIN	THICUM	, m.D.		22a ADDRESS		OWN, m		DUP	
0 f 6 f 3 Z		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. I	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION		OLINTY	STATE
BP		Burial	4/1	7/86 D	eer F	ark Cem		Smallwo	ood Ca	rroll	MD.
AH - 16 50M 4/83 (VRA 15, 4)		ober K. Prit	112 Was	hington		1000		1 8 1986	25h REGISTRA	R'S SIGNATI	JRE

-03413	1.	FOR STATE REGISTRAR		ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	8 GREG. N	10.	404
m s		CEASED NAME FIRST OR PRINT)	WIOOFE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
y be	/	Grace	Marguri	te Ec	khardt		4- 13-	A 11
1 1	I SE		4 RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS
-		Female	White		- 16 -1892	93	YRS.	
1241		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH
6/10		elaware	U.S.A.	WIDOW	_	Carr	oll Cou	intv MC
2 2	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 1	26. KIND OF BUSINESS OR NDUSTRY
5 5 500	9	vkesville	626 Conawa			Homemake.		NDOSIKI
0 0 0	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		
CON A B			sville Carr		YES NO X	622 Cona		ne 21784
X # 5% A		THER'S NAME			15. MOTHER'S MAIDEN NA	ME	way nai	
d will day		FIRST	MIOOLE LAST		FIRST	MIDDLE		Dad on a way
corte	16a. V	Thomas R		SECURITY NO.	Grace 17 INFORMANT	Ada	ESS	Brown
MORE or ond c	- (		VE WAR OR DATES)	016000		606 6	_	01704
ALTI/		NO -			Lucy Green	626 Cona	way Lar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficot ficot pop pop sovo ent, t		PART I. DEATH WAS CAUSE	/ L 1/	ond ici.	cleratic H	en 1-1:	Sease	BETWEEN ONSET AND DEATH
verting population of the contract of the cont		IMMEDIA	TE CAUSE (o)	W/102	clerunc of	Can Di	STATE OF THE STATE	
TOP oth oth mot			DUE TO, OR AS A CONS	EQUENCE OF				
RES e de movimon trou	- 13	Conditions, if any, which gove rise to immediate	(b)					
W. W. the state of the creme there		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	EQUENCE OF				
or o			(c)					
OUVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND observed with the death certificate be executed with the contention physician and completely like the throughous physician and completely like the death section of completely like the death frame and their please remove carbon papers. Pages 1 and 2 strong mental frame prior to buriol, cremotion, or removal.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITIONGIVEN	N PART 1:0
080 Se Care Care Care Care Care Care Care Car	5	19a DATE OF OPERATION	19b. CONDITION FOR W	UCU ODERATIO	NAME OF DECIDING DECIDING DECIDING DECIDING DECIDING DECIDING DECIDIO	20g AUTOPSY?	Table of MEC. W.	ERE FINDINGS USED
The second	FICA	190 DATE OF OPERATION	198. CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED		IN CERTIFYING	G CAUSES OF DEATH?
4 4 4 4 4 4 A	CERTIFICATION		The state of the stay		In now himsy occurs	YES NO	YES [	3
A things are		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	ORPART 2)
0 32 111 17	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19				
Si Per de	AED	21d INJURY OCCURRED	21e PLACE OF INJURY	FICE, FARM ETC )	211. LOCATION STREET	CITY OR TO	)WN	COUNTY STATE
No State of	1	AT WORK NOT WHILE						,
A store	100	220 I certify that (1) (this hosp	77-11 - 111	om 3	4 19 8	, to	, 19_	& b , that (I) (we) lost
Part of the state	-4	saw the deceased alive or above, (I) (we) (did) (did no	ot) view the body after death.	19_36.0	nd that in (my) (our) opinion	death accurred on the d	ote and hour on	d from the couses stated
Part of the Part o		226. SIGNATURE	1. 11- 00		DEGREE	/		22c. DATE SIGNED
AL C Hall C		Vimola	N. Nota		ATTENDING PHYSICIAN V	MEDICAL STA	FF CIAN []	4/14/86
TAN SPIT		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS	2 / 01		1
O HOSPI Mained b O FUNE hould be MPORTAN		VIMALA.	N. NAGA	NNA	700 A	Poole Rd	mento	minster, 71)
55 54 5 31	23o. (	URIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF	EMETERY OR CREMATORY	23d LOCATION		4139
BP		BURIAL	4-16-86	Lake	View Cemete	ry Sykesy		arroll MD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

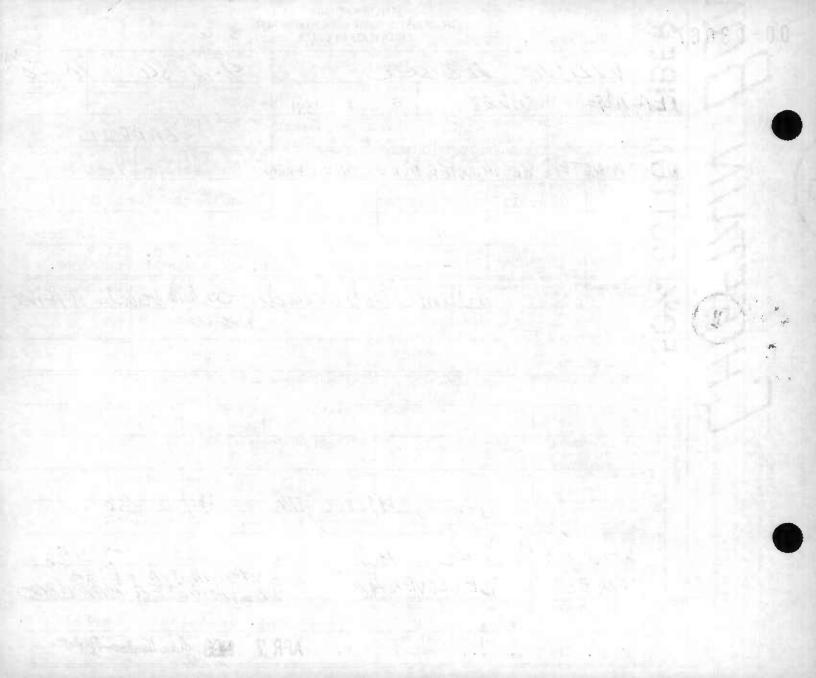
Haight Funeral Home Sykesville

Lake View Cemetery Sykesville Carroll

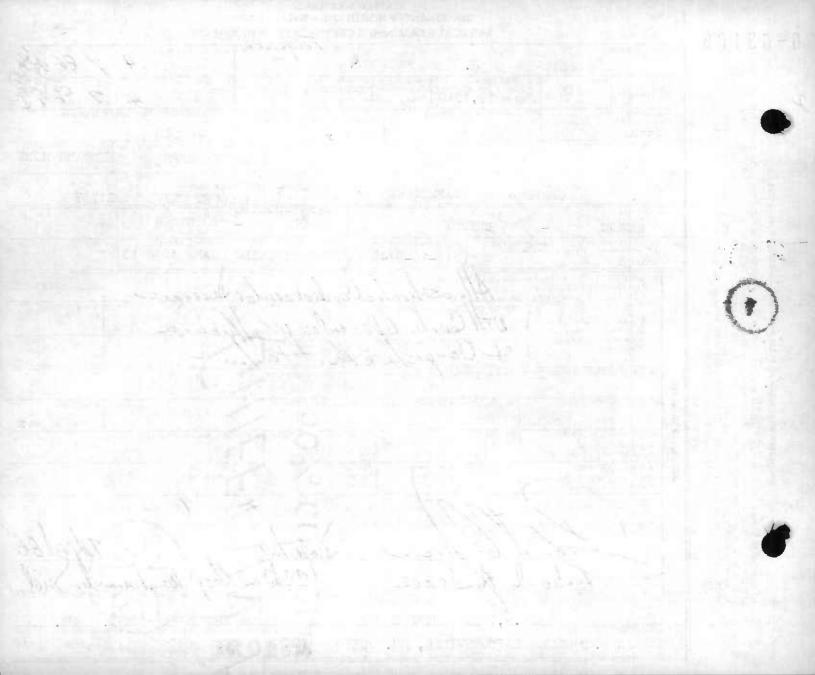
250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 14 1986 Grand Sandon Property Sykillo MD

DHMH - 16 60M 7/84 (VRA 15, 4)



		FOR STATE				ENT OF H	IEALTH		NTAL HYGI	50 6.	1		4 4	0	6
13106		REGISTRAR	FIRST	WE	MIDDLE	XAMIN			ATE OF D		REG. N				
HIN 72 HOURS		CEASED NAMI				FERG		ASI	your	OF	KNOWN ESTI-	31	DAY	RG.	202
	3. SE>		OLLII 4 RACE	5. DATE OF BIRTH		AGE (IN YEA		DED I VD TIE	UNDER 24 HI		MATED [	MONTH	DAY	YEAR	2
		EMALE	WHITE	June 19,	1910	75 YR	Y) MONTH		HOURS MIN.	PRONOU DE AI	NCED	4	7	86	92
)	70. BI	RTHPLACE (5)	TATE OR	76. CITIZEN OF W	HAT COUNT	RY?	8. MARRIE	D NEVE	R MARRIED	9. BALTIA	AORE CITY C	OR COUN	TY OF DE	EATH	,,
		Tenn.		USA			WIDOWE		DIVORCED [		RROLL				MD.
19	-	TY OR TOWN		11. NAME OF HOS	SPITAL, NURS	SING HOME,	OR OTHE	R INSTITUTIO		USUAL OCCL		E OF WORK	12b. KIN	TNEST	
-1		ANEXTO		OR OTHER INSTITUTION, G						TOODERE	131 1310				
5	13a. S	MD.	13b. COUN	RROLL		YTOWN	IN)	YES 🗌	LIMITES 13e.	STREET ADDR	DRIVE	C	2178	7	
5	14. FA	THER'S NAME FIRST SAMU		MIDDLE BU	rtry '	AST		GUYÖ.	S MAIDEN NA		BROWN		L/	AST	
Ī	16a. V	VAS DECEASEI	DEVER IN U.S. AR	MED FORCES?		AL SECURITY	- 1	17. INFORMA		TO CAN	ADDRESS				
H		NO			218-	16-034	10	JUDI	YINGLI	NG SAP	IE AS #	1)			
ı		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one cause per life	(a), (b),	and (1).) _	1.0	1	. /	1			APPI BETWE	ROXIMATE I	AND DEATH
		, AKTTOE		TE CAUSE (a)	4eros	Eleval	ech	wollol	ascula	y Leas	also	ن			
₹		C. dura	of an interest	DUE TO, OR	SACONS	EQUENCE C	11	A		11					
10		gave ris	ns, if any, which se to immediate	MENT	lev-e	book	105	actar	MSa	Hulle	200				
		cause (a) lying cau	stating the <u>under</u>	DUE TO, OR	A CONS	EQUENCE	F	11	17	7					
				( (c)	Cong	resku	ex	Quent	tail	ul					
	,	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	D TD THE TERMI	NAL DISEASE	DR CONDITION G	IVEN IN PART 1 o						
	CERTIFICATION	190. DATE OF	OBERATION	In cons											
2	S	190. DATE OF	OPERATION	19b. CONDI	TION FOR W	HICH OPERA	ATION WA	AS PERFORME	ED?				2D. AL	UTOPSY?	
1	RTIF	21- EVTERNIA	L CAUSE WAS	21b. TIME O	VILLIAN		Tal Ho	M. 1						ES 🗌	NO X
5			OR CAUSE OF		N. MONTH	DAY YEAR	ZIC HO	W INJURY O	CCURRED (EN	ITER NATURE OF IN	JURY IN ITEM 18	PART I OR P	ART 2)		
	MEDICAL	CONTRIBUTION CONTR			OF INJURY	19	1211 1000	ATION							
1	MEC				TORY, FARM, ELC		211. LOC	REET		CITY OR TO	WN	cc	YTHUC		STATE
	173	AT WORK	NOT WHILE		/	1				P. J.					
		22a I certij	that I took char	the remain de	1/2 Jones	held an	Autapsy		nspection 🔀	Inquiry	A, an	d in my a	pinian		
		death results	ed from	ral courses D. A	Sucher !	, Suid	ide .	Hamicide		determined m					1
J		1	1	1/1/	//			TINE (SPE	CEY		100		or 1	1.	101
		SIGNATURE	Acog.	de	tere	-	M.	Nele	Hal ,	NEDICAL EXAM	AINER	DATE	ED A	foul	60
		EV A SA SA SERVICE	1	0 1	KI	1/45	11/1	10	ah	. //	2 /11	1	#	1	1
		EXAMINER'S TYPE OR PRIM	reck	and the	JOR	ves	A	DDRESS C	Cho	& West	Was	tone	N34	a- 12	ice.
	23a. BI	URIAL, CREMA	TION,REMOVAL	23b DATE	23c. NA	AME OF CEM	ETERY OR	CREMATOR	Y 23d	LOCATION CITY OR TOWN		COU	INTY	STA	TE
				APR. 9, 198	6 F	OREST	OAK		G	AITHER	SBURG	MON'	T.	MD.	
		PURTAT UNERAL DIREC							DATE REC'D	. BY REGISTRA	AR 25b. REGI	STRAR'S	SIGNATU	RE	
l	F.	RANCIS	H. BARBEH	ROTTAL S	SVILLE	e, MD.	2087	9	KK O O	N85 5	Julia De	vidour	-Mand	مالال	4
1										- 6					t



	1					STAT	E OF MARYLAND				m 6
2714	1.	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	8 0	G. NO.	4 10	0 8
poge 3		CEASED NAME OR PRINT)	FIRST	ARTI	MIDDLE		HALE	2a. DATE OF DEA	TH MONTH D	1	8 55 PM
rs offer a	3. SE	X EMALE	-	4. RACE	1-	5. DATE (		6 AGE (IN YEARS LA	_		HOURS MIN.
25		RTHPLACE (STATE OF COUNTRY)	REGN	76. CITIZEN O	A .	? 8. MARRIE WIDOWE	D NEVER MARRIED	Anna I	TY OR COUNTY	OF DEATH	MD.
A Company	10. C	TY OR TOWN OF DE		(IF NOT IN S	SUCH FACILITY, GIVE STREE	T ADDRESS)	DROTHER INSTITUTION		OST OF WORKING LIFE		BUSINESS OR
Should be f	13a M /	AL RESIDENCE (IF NUE	136 COUI	NTY	131. CITY OR TO	WN	13d INSIDE CITY LIMITS?		ESS / ZIP CODE DARHUR	ST RD.	21048
2010	A	ATHER'S NAME FIRST	0.1111.6	MIDDLE	HAR		15. MOTHER'S MAIDEN N	T MIDE	DDRESS	BROWN	
vers. Poges ol. the medico		WAS DECEASED EVE YES, NO OR UNKNOWN)		VE WAR OR DATES			DOROTHY L.		NEW	AVE.	wn. Mo
d by the ottendir leose remove cork inf, cremotion, or or other troumotion		Canditions, if on gove rise to im cause (b), stati underlying cous	nmediate ing the e last.	(b) DUE TO,	or as a consequ or as a consequ	JENCE OF					
en signe Then p or to bur	NOL	PART 2 OTHER SIG					NOT RELATED TO THE TER				
giene prio	CERTIFICATION	190 DATE OF OPERA				H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES		SS USED OF DEATH?
virial-transit	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH (I P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE O	FINJURY IN ITEM 18 PA	RT   OR PART 2]	
os the b tth ond A	MED	AT WORK AT W	VHILE ORK	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE		21f LOCATION STREET		OR TOWN	COUNTY	STATE
RECTOR: ved for use pt. of Heo em 21 is m	b	saw the decea above (1) wey	sed alive on	412	2	66,0	nd that in (my) our) opinia	, 10	he date and hour	ond from the co	
FUNERAL DIR		-22d. PHYSICIAN'S N	IAME (TYPE C	OR PRÍVIT	ulean	- NEP	ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PH		4/3/	20
should be a with the Ste	730	HONNO BURIAL, CREMATION				NAME OF C	215 WASHIN			7-41254	-n.
		SPECIEY) URIAL	, KEMOVAL	4/7/	′86 £v	ERGRE	EN MEMORIA	L FINKS		RROLL	MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR ELINE FUNERAL HOME, REISTERSTOWN, MD.

MARYLAND

RULTAN

341432034

2925 CEDARHURET D. 21048 CAUBENNIA ARYLAND LARROLL

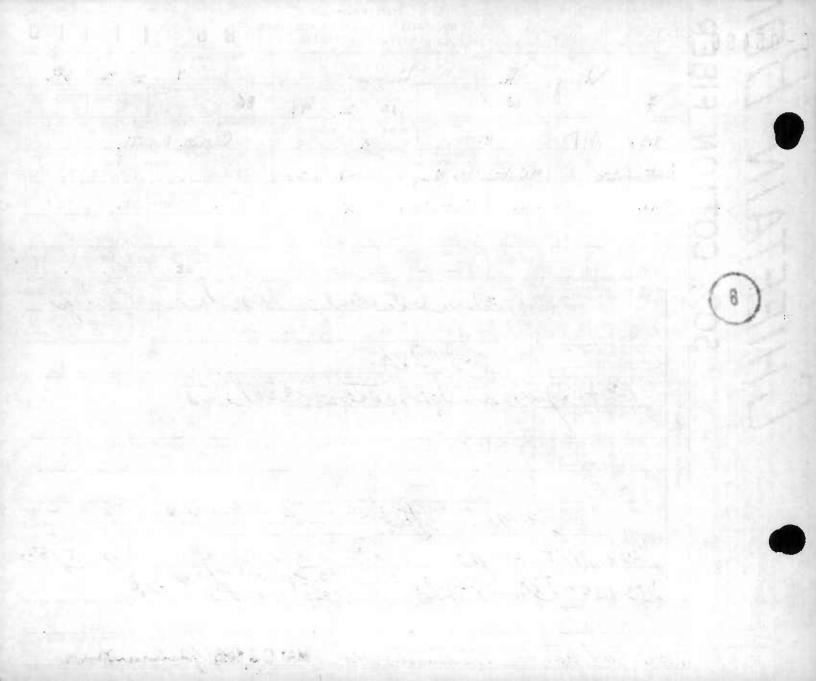
TERASHA EIREAH

RIMOUD . I YETO SOLORECT COLOR STIETE STOWN, NO.

4/7/36 EVERGREEN EMORIAL FINKSBURG CARROLE D.

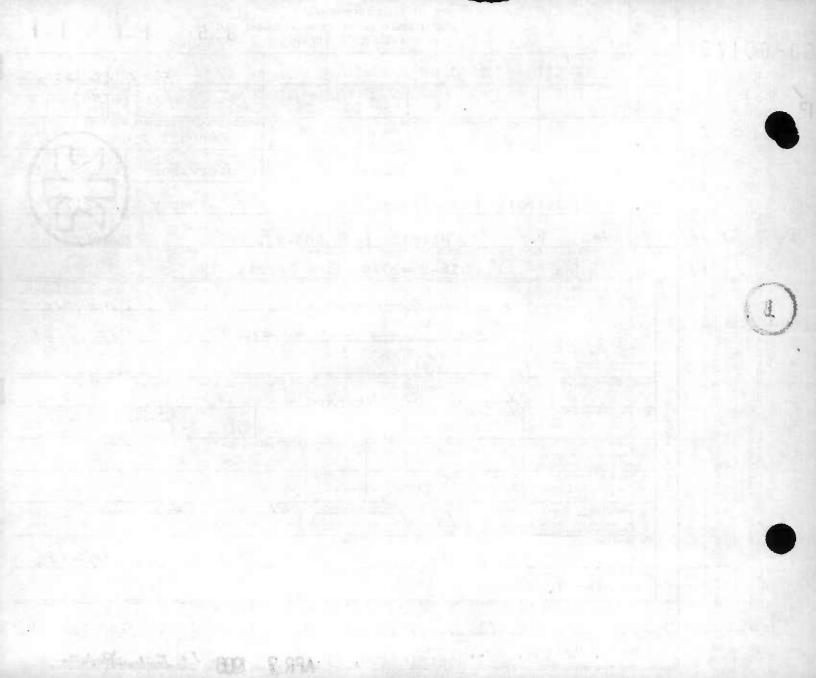
-LINE FUNERAL BONE, SEISTERSTOWN, ID.

6 C S DZ 65 H A TOTAL CONTRACTOR OF THE PARTY ON A SIGN SERVICE SERVICE STABLIA TAMAN STAMBANA 31/40/ BUILT Security of the stay of the APR S to See of the state of the see of the state of the



(VRA 15, 4)

STATE OF MARYLAND



O.A. JY A

BALTIMORE DATOMEVILLE 3824 OLD FREDERICK NO.

HOUSEWIFE

. AWLESE COURTNEY KNUCLKES

213432-6002 MORA LAWLESS 2004 THURCH LAWE 5.21133

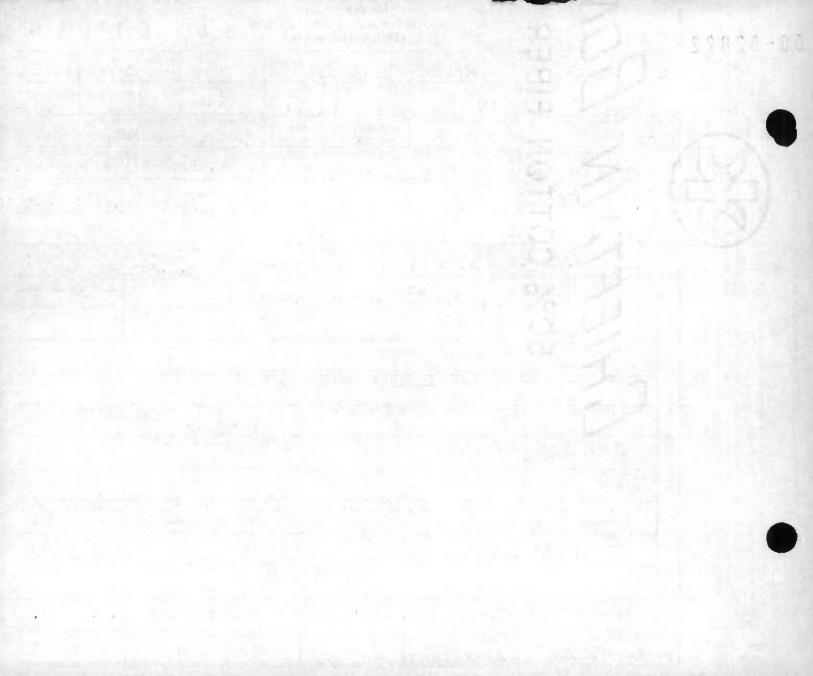
BURLAL 4/17/86 ST. JOHNS JUMETERY ELLICOTT CITY, DARYLAND

LINE TUNERAL HOME, CISTERSTOIN

0.81

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR 1. DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-Otto ERIC DEATH MATED KAMINS 24 19 86 4 RACE IF UNDER 1 YR. 5. DATE OF BIRTH AGE UN YEARS IF UNDER 24 HRS 2d. HOUR DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 3:30 78 May 1907 Male White DEAD 19 86 YRS To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Germany DIVORCED X WIDOWED Carroll County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Welder-Rural Welding 1756 Old Tanevtown Rd. Tanevtown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD, 2120 Carroll Maryland Westminster 1756 Old Tanevtown Rd. YES NO [] S1, 2, 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST Unknown Unknown PENDING" IN PENCIL IN ITEM 18. GIVE PAGES MEDICAL EXAMINER ALONG WITH FORM B. AS A BURIAL - TRANSIT PERMIT. PAGES I AM SALTHA AND MENTAL HYGENE, DIVISION OF CREMATION, OR REMOVAL. Gail T 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Bansak Knob Hill Rd. (IF YES, GIVE WAR OR DATES) 062-12-9716 Yes World War Georgetown Conn CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICA FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIJOR TO BURIAL, CREM CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Head Only 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 71d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an and in my apinian Natural causes Y death resulted from: Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 4-25-86 SIGNATURE EXAMINER'S NAME ANN M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE SPECIFY Uniontown Lutheran Burial Uniontown Carroll Md. 07/84 25M Son RIST PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Fletcher & **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

IENE	8
	-

	1	i i
4	2	ģai da

REGISTRAK												
DECEASED NAME	Albert		Roy		ner,	Jr.	2a DATE C	Jan.	MONTH	1986	YEAR	26 HOUR
Male		White	•	5. DATE C	g. 21,	1924	6 AGE (IN	YEARS LAST BI		MONT	HS DAYS	HOURS MI
BIRTHPLACE (ST COUNTRY)  Maryla		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED D	9 BALTIMO	recity o	_		DEATH	
Westmi	nster	Carro	HOSPITAL, NURSIN HEACILITY, GIVE STREET OLL Count	ty Gen			120 USUAL (TYPE OF WO	RK FOR MOST	OF WORKI	NG LIFE)	NDUSTRY	inting
Md. 4 FATHER'S NAME	136 COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW	VN	13d INSIDE C	ITY LIMITS?		ADDRESS Bunker			ourt	21784
Albe		by Krein	ner, Sr.			Elizabe		L.		Hem	sley	51
60. WAS DECEASED		MED FORCES?	166 SOCIAL SECU		17 INFORMA			51°4°	Bun	ker	Hill	Court
YES, NO OR UNKNO		II	215-14-		Eliza	abeth K	reiner	Syke	esvi	lle,		
18 CAUSE OF PART I. DE.	DEATH (Enter onla ATH WAS CAUSE( IMMEDIAT)  f any, which a immediate stating the	y ane couse per BY: E CAUSE (a) DUE TO, OF		lioc	Ann	abeth K	reiner	c Syke	esvi	lle,		
Canditions, i gave rise to cause (a), underlying	DEATH Enter on ATH WAS CAUSE IMMEDIAT  f any, which a immediate stating the cause lost.  R SIGNIFICANT C	y ane couse per by BY: E CAUSE (a) DUE TO, OF DUE TO, OF	Inefortal, (b), or  CANO  R AS A CONSEOU	LOCE OF  DEATH BUT	A NOT RELATED	es O		SE OR COP	NDITION	I GIVEN I	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEA
Canditions, in gave rise to cause (a), underlying  PART 2 OTHE  19a DATE OF C	DEATH Enter on ATH WAS CAUSE IMMEDIAT  f any, which a immediate stating the cause lost.  R SIGNIFICANT C	y ane couse per 3 BY: E CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)  19b. CONDI	R AS A CONSEOU  TION FOR WHICH  FINJURY M. MONTH D	DEATH BUT	NOT RELATED	es O	IN AL DISEA  200 AUT  YES	SE OR COM OPSY?	20b. II	F YES, WERTIFYING	APPROX BETWEEN	MATE INTERVAL ONSET AND DEA

saw the deceased a obove, (I) (we) (did);

230 BURIAL, CREMATION, REMOVAL

Burial

M.D. 22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED 1/6/86

Joseph A. Reinhardt, M.D.

\$ 2003 Rock Spring Road Forest Hill, Maryland 230 NAME OF CEMETERY OR CREMATORY

Sykesville, Carroll, Md. 1986 Lake View Memorial Park,

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR:

should be detached with the State Dept.

IMPORTANT: If He

Owings Mills, Md 21117

(VRA 15, 4)

Many lange of Archest, dr. b. Cant. 4, 1986

13 4 4371 15 eus at 26s

N. decell Districtly N.

of sales of the state of the sales of the sa

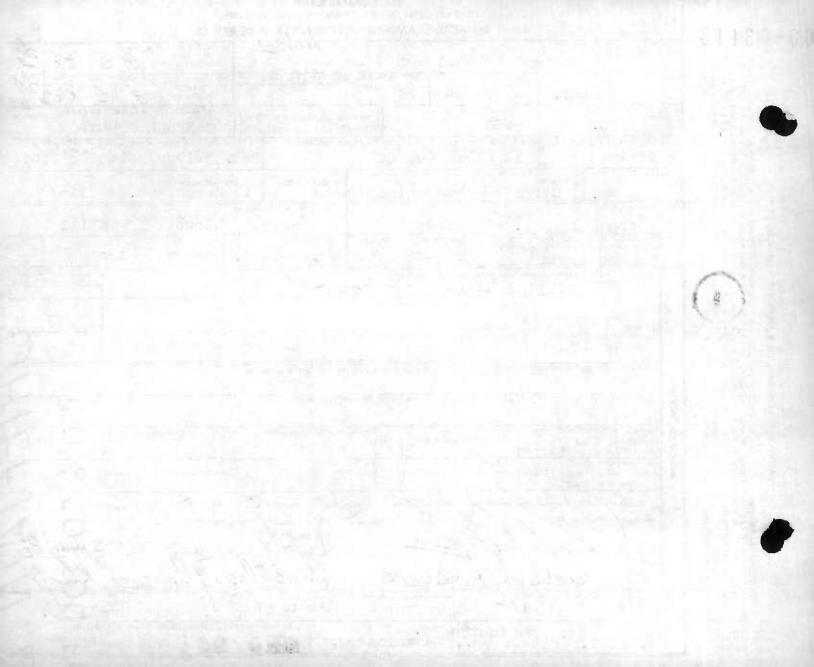
SIN HUMBER SELL Court

THE TOWNS ATT

Yes II TI TILLIAM STEWNS TO THE STEWNS OF THE STATE OF TH

Surfall Jones P. 1995 Lake View Months and Pers, Spicewille, Carrell, No.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. NO FIRST MILK , DECEASED NAME 20. DATE KNOWN DO MO (TYPE OR PRINT) OF ESTI-Rodger Ethelbert Lindsay HOURS STREET, 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE MAL DI LAST BIRTHDAY PRONOUNCED Cauc. DEAD BIRTHPLACE FOREIGN COUNTRY) Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED USA CARROLL COUNTY DIVORCED WIDOWED TRETAIN PAGE 5 SHOULD BEFRIED, RECORDS 30), W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) / Sal OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Westminster Hersh Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS 21157 Carroll Westminster YES X 18 Hersh Ave. NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Nail1 Marshal Lindsav Fannie Irene 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 13e 214-01-0445 Virginia H. Lindsav 18. CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. OF HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF 21201 PRICK TO BURIAL YES NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE TREET, FACTORY, FARM STE STREET CITY OR TOWN COUNTY STATE Inspection 22a, I certify that I took charge of th ond in my opinion deoth resysted from H micide Undetermined monner EXAMINER'S NAME TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATIO Burial 4/8/86 Bethel UMC Cemetery New WindsorCarrol BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Washington Rd. **DHMH - 17** when her desired from the teles (VR A15 ME (5)) Pritts, Westminster. 15M 7/77



					STATE OF MARYLAND		
0 - 1	3811	1 -	FOR STATE REGISTRAR	DEPART	MEUT OF HEALTH AND MENTA CERTIFICATE OF DEATH		11417
	ay be deoth		EASED NAME SHATO	N DIANC	MANCHA	20 DATE OF DEATH MONTH	15-198 5AM
	page bage	3. SEX		White	S. DATE OF BIRTH  MONTH DAY  VEA  VEA  VEA  VEA  VEA		IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	10:15	7a BII	REPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COL	
6	Softe State	10 CI	1 Anchester 1	NAME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)  Main St	12a USUAL OCCUPATION (1) RK FOR MOST OF WORK	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY CLEYK
BALTIMORE, MARYLAND 2120	filled in	13a. S	Md Carr	RER INSTITUTION GIVE RESIDENCE BEFOR	ester YES NO [	2935 Mais	CODE 21102
MARYL	ompletely ond 2 s	7	THER'S NAME  LANGE  MIDT  MIDT	MANC	ha 15. MOTHER'S MAID	MIDDLE	Ebaugh
TIMORE	on ond con s. Poges		AS DECEASED EVER IN U.S. ARMEI ES, NO OR UNKNOWN) (18 YES, GIVE W.		-2179 2935 Mar	2 St. MANCH	ester Nd 21102
	g physicio on popers. removol.	ā	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C		Seyura Di	sorder	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON	he death ce he ottending emove corb motion, or r r froumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQU	ENCE OF		
01 W. PI	that the d by the eose recol, creater or other	J/A	couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF		
ORDS, 20	equires n signe Then p r to bur injury,	NOI	PART 2 OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION	met a very
AL RECO	hos berming berming on	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTÖPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	SICIAN: The ng physicion certificate luiol-tronsit entol Hygie ltem 18 she	1	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
NOISION	of PHYSICIA ottending ph fter this certif fs the buriol-t h and Mental	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Spitol or Spitol or CTOR: A I for use of Health		22a.1 certify that (1) this hospital) sow the accessed live on above (1) we) (fild) did nat) vi	treh 15 10	86, and that in (my) (our) o	pinion death occurred on the date an	d hour and from the couses stated
	the ho the ho E AL DIRE etoched re Dept		226. SIGNATURE IT 7	ourd 1	DEGREE ATTEND PHYSIC		221. DATE SIGNED 4/15/26
	O HOSFIFAL Florida by the TO FLINEIAL Should be detail with the Shote MAPORTANT:		22d PHYSICIAN'S NAME (TYPE OR PR	Ard MO	22e ADDRESS 3 Man	heiter No	1 BOXE
	BP		Burial, CREMATION, REMOVAL	236. DATE 236 Apr. 17, 1986 <	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION LITY OR TOWN THAT OF THE PROPERTY OF THE PRO	York, PennA.
	DHMH - 16 50M 4/83 (VRA 15, 4)		HEALDIRECTOR Solland	4 Manches	37/11/2	APR.1 7 1986	

11280-00 Learner White Nor Light State House of the state A Charles to the second of the Mil commed Marketon - 1957 Marie Allow Charles the same of the same o Sugar Discours Lays O to strange to a state of the WHEND THE LOUISING WE DIETER

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	I. DEC	EASEDNAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOL	UR	
		OR PRINT)	C	- IVI	ion		A		DII .	m	-		
	3 SEX		Geor	ge Mar	TOIL	MC.		6. AGE (IN YEARS LAST BIR	04 1	7 86	IF UNDE	A M	
	2 SEX	Male		Whit	-0	MONTH	DAY YEAR		_	ONTHS DAYS	HOURS	MIN.	
						Jun	e 2, 1896	89	YRS	10 15			
ú	C	THPLACE (STATE OR			WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH			
,	Wes	st Virgin	nia	U.S.	Α.	WIDOWE	36	Carroll Co.,					
V		Y OR TOWN OF DEA	ATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSIN					
1		t. Airy,		Pleasa	nt Yiew	Duc	sing home	Timberma	n	INDUSTRY		514	
ŕ	13a S1	L RESIDENCE (IF NURS	LIZE COLLE	ITV	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e STREET ADDRESS					
ģ	Mai	ryland	Carr	coll	Mt. Ai	ry	YES NO	220 Main	St.	2177	1		
Ä,	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	Tell-re-	1.45	,		
j		Luther			Million		Mary	MIDDLE	B1	anken	shi	p	
^		AS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE		Airy,			
	[YI	NO NORUNKNOWN)	(IF YES, GIV	E WAR OR DATES)	232-22-3498 Nancy L. Eckrich, 5652 Ri								
		18 CAUSE OF DEAT	H /Enter on	ly and couse ned			0.0	<u> </u>			IMATE INTE	RVAL	
		PART I. DEATH W	AS CAUSE	DBY:	METER ST	most	teto otherene	rela laste	Alexan	4110	£125	DEATH	
			IMMEDIAT	E CAUSE (0)	7	2	10000	120,110	وسرس	1	111		
		C. Italy		DUE TO, OI	O, OR AS A CONSEQUENCE OF						1121	1	
		Canditians, if any,		(b)	078660 0 451106 4)						100	-20	
		couse (a), statin		DUE TO, OF	R AS A CONSEQUE	NCE OF				1			
				(c)									
	2	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	CI '		
l	흗												
	I V	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES			
Į,	CERTIFICATION							YES NO	YES		NO [		
		216 ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT 1 OR PART 2)			
	MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		in .		19	2-12-23						
	ä	21d INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE	
	8	WHILE NOT WE	RK	(AT HOME SIR	EET, FACTORY, OFFICE, FA	RM, ETC.)	SIRECT	CITI ON TO				JIMIL	
		220.1 certify that (1)	(this hospit	al) attended the	e deceased from_	6	6 1963	ta 4 112	, 1	9 16	that (1) (	(weet) last	
	1.111/20						d that in (my) (a) opinion d	te and have	ond fram the	couses st	loted		
		226. SIGNATURE	()	/ view the body	1 A	1	DEGREE			22c DATE	SIGNED		
James (2 ferry 1th							ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1						
7		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			PHYSICIAN DIRECTOR PHYSICIAN 1220 ADDRESS						

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 4-21-1986

231 NAME OF CEMETERY OR CREMATORY Pine Grove

Mt. Airy, Carroll,

256. Date Rec'd. By Registrar 256. Registrar's Signature

24 FUNERAL DIRECTOR Charles W.Burrier, Jr., Sykesville, Md.

distriction of the file

.b. Aleren , mail .th

TOTAL SECTION OF THE 

Surial N-21-1996 Fins Grove of transfer in marries and and the control of

0-04729		1 -	FOR STATE REGISTRAR	7-2 DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6 1	1419
U pe		1. DEC	EASED NAME FIRST OR PRINT) ARGARE	7 ETZLER O	NESSLER	1 DATE OF DEATH WOMEN	DAY YEAR 2b. HOUR
ge 4 may bu		3. SEX		CAUCASION	5. DATE OF BIRTH	6 AGE (IN YEARS LAST METHIDAY) 9 6 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
leath. Po	35		OUNTRY)  OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	CARROLL COW	
rs ofter d by the fu			STMINSTER	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	GHOME OR OTHER INSTITUTION ADDRESS VILLAGE MEAN COT		12b. KIND OF BUSINESS OR INDUSTRY
AND 212	36	13a. S	MD CAI		13d. INSIDE CITY LIMITS?	6/ WEST Baltil	
MARYLy mpletely and 2 sk	60			ROBERT ETZLE		A JANE	CARTER
BALTIMORE,	/	14	AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV N KNUWN)	MED FORCES? 166 SOCIAL SECU (46-18-5	RITY NO. 17 INFORMANT Robin Ridin	526 Teneva ger Westminste	
gaines that the deuty certification by the unified certification by the unified certification between certifications of the please certifications.	njary, or other traumant event.	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	RMINAL DISEASE OR CONDITION GI	
A RECOR	2	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO 1
DIVISION OF VITA  NO PHYSICIAN  ontending physician  os the burial framith and Mental Ityan  than and Mental Ityan  than and Mental Ityan  than and Mental Ityan	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING LASE THE CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH DA	Y YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
DIVISION ATTENDING PHY seption or other discrete this CTOR: After this discrete os the bit of the other on division of the other one of the other o	ZI IS Marked or	MED		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F ital) attended the deceased fram  19	19 8	an death accurred on the date and ha	19 that (we) last ur and from the causes stated
OR be he borbes oches	ANI: II Hea	0	PHYSICIAN'S NAME (1798)	Medical Control of the destriction of the control o	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the State	M-OK	22- 0	URIAL, CREMATION, REMOVAL		1 - 100 9 ha	ain Sheet Wes	tomusler Mrl
BP			Burial  Burial	23b. DATE Apr. 23, 1986 Tr	inity Lutheran Ce	m. Taneytown, Car	roll, Maryland
DHMH - 16 60M 7	7/B4	- 11	NERAL DIRECTOR  NAME  CILES Funeral H	136 E. Balti		DATE REC'D. BY REGISTRAR 256. REGIS	

RECTURED 1 WELLS SHEETING evial premate Mairo o in coin coin com tempo and all the state of the state vanit i cramiting . Ari

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-03183 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) William Muller April 1986 7:30 Martin 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 17, 1911 Jan. White Male BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Carroll Maryland WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Westminster 3060 Nicodemus 13a STATE Carroll Westminsteryes 3060 Nicodemus Rd. 21157 13d. INSIDE CITY LIMITS? Maryland 4 FATHER'S NAME MIDDLE Rachel Wagner Muller Henry James 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Nicodemus (IF YES GIVE WAR OR DATES) 214-36-9372 Sterling E. Muller Westminster, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? pri IN CERTIFYING CAUSES OF DEATH? NOM NO [ YES [ Нуді 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the decased from\_ sow the deceased alive on. , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did)/did not) view the body ofter deat 22b. SIGNATURE DEGREE 77c DATE SIGNED STAFF ATTENDING MEDICAL hould be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e. ADDRESS 774 PHYSICIAN'S NAME (TYPE OR PRINT) Westminiter, m 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION CITY OR TOWN Carroll W 4-6-86 Salem Burial 24 FUNERAL DIRECTOR ATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Charles W. Burrier, Jr., Sykesville, MD (VRA 15, 4)

tate larger Library beatweek

. by a weboot one got entrained at.

merial de-de-d Calen

Charles M. Durrier, Jr., Syncaville, and Res Resider

SOUND

Tunningik . # 81 t . m. . refleningen, follski . S. m. i (refle) (SV:0=36-41E)

ASS. CONTRACTOR OF THE PARTY OF

Carte Ma amening Mr. 21110

of Farrian

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

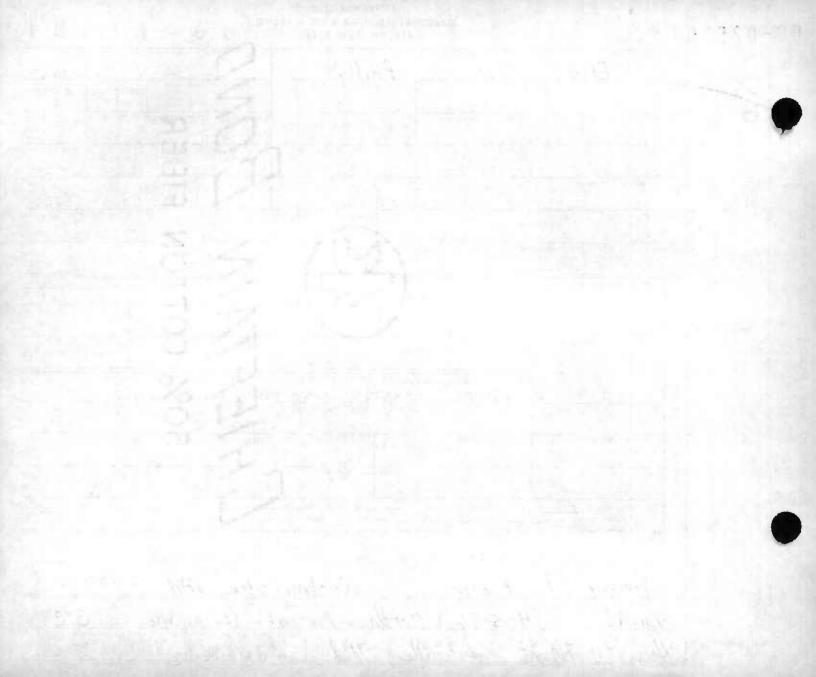
-1		REGISTRAR				CLKIII	ICAIL OI L	LAIN	REG.	NO.			
1		EASED NAME	FIRST	1	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOI	UR
١	(TYPE (	OR PRINT)	IA	Ма	de	P	Hillips			4	1 86	231	VIM
4	T SEX	1	4.	RACE	auc	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST !	BIRTHDAY)	IF UNDER I YEAR		
Į	T.C.			1		MONTH		YEAR	0.2		MONTHS DAYS	HOURS	MIN.
,	7- 010	Female			ite WHAT COUNTRY?	10	29	02	9 BALTIMORE CITY	YRS.	Y OF DEATH		
/		OUNTRY)	FOREIGN	CITIZEN OF	WHAT COUNTRY!	MARRIE	D X NEVER	MARRIED -		TALL			
		uth Care		U.S		WIDOWE		VORCED	Carro1				MD.
٧	10 CIT	Y OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCCUPA		12b. KIND ( IFE) INDUSTRY		IESS OR
4	We	stminst	er c	arrol	1 County	v Ger	n. Hos	pital	Homemake	er	Dom	esti	ic
		L RESIDENCE LIF NUE					13d. INSIDE C	TV LIMITCO	13e.STREET ADDRESS	710 COD	ic.		
į	17	rvland	Carro		Elders		YES TX	NO [		nett		2.17	784
2		THER'S NAME	Calle	/11	DIGCIS	ourg		S MAIDEN NAM		111000	11000		
)		FIRST		DDLE	LAST		-	FIRST	MIDDLE		Dan o o o	.ST	
	10 10	Thomas		In concess	Julian		Lau 17 INFORMA		E.	RESS	Freem	an	
		'AS DECEASED EVE ES. NO OR UNKNOWN)		WAR OR DATES)	16b. SOCIAL SECU	KIIT NO.	100						
		NO					James	D. Pl	hillips E	Elders			2178
					line for (a), (b), and	d (c).)					BETWEEN	XIMATE INTE	ERVAL ID DEATH
		PART I. DEATH	WAS CAUSED	CALISE (a)	NETACTA	TIC	CARCI	NomA	OF BRE	CAST	MOA	1748	
1			MANEDIAIL										
1		C 191 9	1	DUE TO, O	R AS A CONSEQUE	NCE OF							
1		Canditions, if an		(p)_									_
ı		cause (a), stat	ing the	DUE TO, O	R AS A CONSEQUE	NCE OF					1000		
ı		underlying caus	1051.	( (c)_									
П	-	PART 2. OTHER SIC	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	a	
	CERTIFICATION	13/27	EPIOS	CLEP	OTIC A	FAR	T DISA	EASE -	ATRIAL	F113	RILLAT	100	200
П	AT	Ha DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		S, WERE FIND		
I	Ħ								YES NOW		ES	NO I	
ì	2	21a. ACCIDENT WAS U	NDERLYING	216. TIME C	F INJURY		21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)		
è	1977BGH	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA								
	WEDICAL	(IF EITHER NOTIFY MEI		P.		19	21f. LOCATI	ON					
	VED	21d. INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	STREE		CITY OR	TOWN	COUNTY		STATE
1		AT WORK AT W	ORK									5-11	
1		22a.1 certify that (	l) (this haspita	l) attended th	e deceased fram_	. 1	3/3/	19.86	, ta	4/1	19 86	, that (I)	(we) last
d		saw the decea abave_(1)(we)	sed alive an_	view the bady	4// 198	<u>6</u> , a	nd that in (my	(aur) opinian (	death accurred an the	date and ha	or and fram the	e causes s	tated
d		27b. SIGNATURE	(dia) (dia nar)	view file budy	uner deam.		DEGREE				22c DAT	E SIGNED	
n		1/	11	26		01	10	ATTENDING _		AFF	- 44	1/21	-
4		278 PHYSICIAN'S N	JAAAE ITYEE ON	Lec	cores	80	122e ADDRES	PHYSICIAN L	DIRECTOR PHYS	SICIAN	1//	100	
H		1 PHYSICIAIN'S I	A T			*	THE ADDRES	.1	1	mi	2115	7	
		Vincenn		- 11	octo		We	Strnin	ster, 1	Id-		*	
	23a B	URIAL, CREMATION	, REMOVAL	23b. DATE		AME OF	EMETERY OR	CREMATORY	23d. LOCATION	- 11	COUNTY	-	STATE
	6	BUNIAL		4-5	-86 7	Vood	Aun T	Im Fac	K Gree	nuille	COUNTY	0.0	7
H	24 FU	NERAL DIRECTOR			1 1	1		250. DAT	E.REC'D. BY REGISTRA	AR 25b. REGIS	TRAR'S SIGNA	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. Absulbuild be detached for use or with the State Dept. of Health IMPORTANT, If hem 21 is

TO HOSPITAL

Mim Tak Green ville 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADROADOR Fishin Davidson A



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR REG. NO DECEASED NAME DATE KNOWN 2h HOUR LTYPE OR PRINTI ESTI-HECESSARY, PLEASE LINERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED 29/ Gordon 1986 Michae! 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED P DEAD Male White March 10.1953 4/29/ 1986 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED VENEVER MARRIED FOREIGN COUNTRY! Maryland Carroll County, U.S.A. WIDOWED DIVORCED BE FUED. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY 5426 Klee Mill Rd Sykesville Fencing - Fence Co. USUAL RESIDENCE UP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13e. STREET ADDRESS 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? Sykesville Carroll Klee Mill Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Raymond Reall Helen Kisner ADDRESSykesville, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 219-56-6114 Raymond F. Reall. 4302 Morris Dr. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHETO EN PROBLED TO THE CHETO EN PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT. HE STATE DEPARTMENT. YES [ NOXX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4/29/1986 subject hanged self TIE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE 5426 Klee Mill Rd., Sykesville, Carroll, Md. basement AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Suicide X death resulted from: Accident Undetermined manner Natural causes TITLE (SPECIFY) SIGNATURE M.D. Assistant MEDICAL EXAMINER SIGNED 4/30/86 EXAMINER'S NAME 111 Penn St (TYPE OR PRINT) Gregory R. Kauffman, M.D. \_ADDRESS 23d LOCATION 23r NAME OF CEMETERY OR CREMATORY STATE Cedar Hill 5-3-1986 Baltimore. Md. 07/84 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Charles W. Burrier, Jr., Sykesville, Md. (VR A15 ME (5))

STATE OF MARYLAND

or the state of the state of . on cheins - Fenge Co. wist swill and the state of the . B) , e.kl running alerral Spin, I have be only to be at the Illim metall of Pintel Jain about accommission l . AM. of Liversky Dr. M. Talvino. U malannu

0 - 0 2 7 9 8	1	FOR STATE REGISTRAR				MENT OF HI	CATE OF D	ENTAL HYGI	8 C	G. NO.	14	2 3
moy be	(TYPE		DA		ee	REA	VER	23	26. DATE OF DEA	4-7	1-86	2134 M
ge 4 m	3. SE>	F		CAL	u.	5. DATE O	DAY	YEAR 9	6 AGE (IN YEARS)	YRS	IF UNDER 1 YEAR	HOURS MIN
deoth. Podeoth. Podeoth. Podeoth. Podeoth. Podeoth	et	TTHPLACE (STATE OR FOODWIRY)  tysburg.	Pa.	U.S.		MARRIED		ORCED	9 BALTIMOREC	CROIL C	OF DEATH	MD.
by the filled with		EST MINSTE			HOSPITAL, NURSI THE FACILITY, GIVE STREE 11 Co. C		0 11	TAL	120 USUAL OCCI	UPATION OST OF WORKING LIFE		/ BUSINESS OR
filled in	13a. S	L RESIDENCE (IF NURSIN	36 COUNT	THER INSTITUTION TY RRON	130 CITY OR TOV	VN ,	13d. INSIDE CI	TY LIMITS?	130. STREET ADDR	RESS / ZIP CODE	2	1157
manned within	14 FA	THER'S NAME FIRST  Ivan	-	IDDLE	Reav	er	5	MAIDEN NAM	MID	DLE	Kiss	5 0.1
ALTI ONE ficial ond co		(AS DECEASED EVER IT		VAR OR DATES)	215-48	93/8	Ivan	Reaver	16481 West	militer	hor h	71157 Ke
201 W. PRESTON ST., BAL. es that the death certificate red by the attending physici please remove corbanapaper urial, cremation, or removal.		Conditions, if ony, gove rise to imm couse (0), stoting underlying couse	which ediote the lost.	CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	CALASC RAS A CONSEOU HY PO RAS A CONSEOU COMPAN	ENCE OF	Arre	e a	Iccholi	lm.		MATE INTERVAL MISET AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNI			ITION FOR WHICH				200 AUTOPSY	206. IF YES	, WERE FINDIN YING CAUSES (	IGS USED
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion.  After this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL CER	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA LIFE EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE	USE OF DEATH	P. 21e. PLACE	M. MONTH D M.	19	211. LOCATIO STREET			DE INJURY IN ITEM 18 P.	COUNTY	STATE
OR ATTENDING P the hospital or atter the DIRECTOR, After the solved for use as the Dept. of Health and filem 21 is marked	- 1	220. I certify that (I) (i sow the deceased obove, (I) (we) (di	his hospito	4-7-		<b>%</b> _, one	that in (my) (	our) opinion d	eoth occurred on	the date and hour	-	
TO HOSPITAL Oleroined by the TO FUNERAL Dil should be detoch with the Stote De MAPORTANI. If it		CHITRA	AE (TYPE OR I	PRINT) DY	WAGA	NNA	22e ADDRESS	- pool	MEDICAL PROPERTY PROP	Wes mi	4- vkgm	2-86 D21157
BP		URIAL, CREMATION, R  Burial	EMOVAL	236 DATE 4-5-8	6 Pi		METERY OR C		23d. LOCATION Harne	y (	Carrol:	ı Ma.
DHMH - 16 60M 7/84 (VRA 15, 4)	C	FRAL DIRECTOR		iomas 254 E	D. Flet ast Mai	cher	& Son		RO 7 198	FRAR 256. REGISTI	RAR'S SIGNATU	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) Sterling Woodrow April 9. 1986 Seigman 4 RACE A AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Aug. 6,1916 YEAR Male White BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE (STATE OR FOREIGN b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Carroll County Penna. U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR Manufacturin Carroll County HeatTReatment Gen. Hospital Westminster USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 STREET ADDRESS / ZIP CODE Road Millers 113d. INSIDE CITY LIMITS? 21107 Md. Carroll 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Charles MIDDLE Luckenbaugh Ima Seigman ADDRESS Roller Rd. 166. SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 213-16-1849 Yes WW Marguerite Seigman 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [ NO F NOC 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 22a.1 certify the (1) (this hospital) attended the deceased from 1986 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove (1) (we) faid) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Garrison Forest Vet.Cem. Owings Mills. Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 Owings Mills. Md. (VRA 15, 4)

and the second sections of the second sections of white Increase a common the common co warden barrell disputation to all the same and the same a TOTAL Deed water and the first to the first The last to the last termination of the last terminati and the second of the wall to water the second y with a continue returned to you Il charge theteretine permission Person Add the second section of the property of . Sil . alli carties . med. to t see to coal dust Affi, if. est me l'aires THE SELL STATE OF THE SELL STA

					STAT	OF MARYLAND			
	00000	1.	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE 8 6		426
00-	05652		REGISTRAR			ICATE OF DEATH	REG. NC		
	m 5		CEASED NAME FIRST OR PRINT)	MIOOLE	· ·	AST	20. DATE OF DEATH	AONTH DAY	YEAR 2b. HOUR
	ny be	100	IrVIN9		SI	lowden		4-28-	-86 8103 PM
	1	3. SE	4	RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOURS MIN
	***	1	nahe	negro	5	9 24	61	YRS.	
	4 20 E		RTHPLACE ISTATE OF FOREIGN 76	LOUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF		ATH
040	Se		11101,	U.S.H	WIDOWE		CATTO		MD.
10	人员配	S	ty or town of DEATH  KESVILLE	1. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SYKESV: LLC	ADDRESS)	care	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IND	KIND OF BUSINESS OR OUSTRY
AND 212	filled filled	13a S	TATE md MA COUNT	THER INSTITUTION, GIVE RESIDENCE BEFOR 13c CITY OR TOY	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	019	4. 11 AVE.
MARYL	ed within	) FA	THER'S NAME FIRST MIE	Snowde:	~	15 MOTHER'S MAIDEN NAM	ME		BOWIE
BALTIMORE, MARYLAND 21201	on ond co		VAS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN)   I IF YES, GIVE W	VAR OR DATAS)	URITY NO.	17 INFORMANT PAT	BER DOS	74101	wooderst
ST., BAL	a physics on poper emovol event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	(3) (1) (1)		RY INSV	FICIENCY	) 8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.,	that the death ce by the attendin ease remove corb ol, cremation, or or other troumatic		Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	IENCE OF	LMONARY EURAL C	EAVINZ		
RDS, 201	quires t signed Then ple to burio njury, or	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO					PART I(o)
DIVISION OF VITAL RECORDS,	The low rection.  The hos been as the permit. I giene prior shows only in the permit.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH?
OF VIT	Phys phys tron 18		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR I	PART 2]
IVISION	G Pten orten ond ked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	v cou	UNTY STATE
	TTENDII pitol or TOR: A for use of Healt		220.1 certify that (I) (this hospito sow the deceased alive on bove, (I) (we) (did) (did not)	19 8 2 NOW		d that in (my) (our) opinion of	to Moy deeth occurred on the dot		that (1) (we) lost rom the couses stated
	SPITAL OR ATTE d by the hospito NERAL DIRECTO be detoched for e Store Dept. of F TANT: if hem 21		22b. SIGNATURE	Quafrel	letu	ATTENDING PHYSICIAN	MEDICAL STAFF		t. DATE SIGNED
	TO HOSPITAL retoined by the TO FUNERAL should be derived with the Stote IMPORTANT:		JOSEL, C	HAPULLE, 1	M.D	634Z Bar	nett Ave.	129XX2	VITLE, MD,
	BP	23a B	URIAL, CREMATION, REMOVAL BURIAL	33b. DATE / 86 23c.	MAME OF C	WETS CAM	23d. LOCATION CITY OR TOWN OWINGS	Print	is, md.
	DHMH - 16 50M 7/77 (VR A 15 (4))	24 FL	INERAL DIRECTOR	DIE TAL ADDRESS	, M.	( 1/4/ 250 DAT	REC'D. BY RECH THAN 1	SEREGISTER'S	IGNATULE COM

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 6 REG. N	0.	1	d	2	
ATE OF DEATH	ALCOHUL.	DAY	VEAD	25 1101	ID.

-03377,5	T	REGISTRAR	DEPART	CERTIFICATE OF DEATH	B 6 REG. NO.	1427
8 25		CEASED NAME FIRST	F. Suther	LAST	20. DATE OF DEATH MONTH	PAY YEAR 26 HOUR PAY
À 00	3. SE	Jean	F. Suther	1 S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 Y Z	3. SE	<b>X</b>	4. RACE	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
0 11		Female	White	5 29 09	76 YRS.	
d 62		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
中 学 为》	·	lassachusetts	USA	WIDOWED DIVORCED	Carroll	MI
D 2		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
to the second	4 Sy	kesville	Springfiled Ho	spital Center	Housewife	E) INDUSTRY
24 hau	13g. S	STATE - 136 CO			13. STREET ADDRESS / ZIP CODE 1422 Flora Terra	20910
4 3 4		ATHER'S NAME		15. MOTHER'S MAIDEN NA		
w be and w	V	Frank	R. Foste	er Lula	WIDDLE	Bardnell
P 0 - 0	160 V	WAS DECEASED EVER IN U.S. A			ADDRESS	
Pood exe	71/	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	,~	Cooth and and book	. 1 /
e se e	1	no		1023   Col. John E.	Sutherland-nusb	
apsic appearance of the control of t		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on phe ever			ATE CAUSE (0) ACUSE P	esquatory Acidoses	, traches monde	to hours
ding office office		7 to 1 to 1 to 1 to 1	DUE TO, OR AS A CONSEQU	JENCE OF		
dear don		Conditions, if ony, which	( b) COPS	) - emphyseme		years
he cema		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	IENCE OF		
by 1 Sse 1 Cred		underlying couse lost.	(6)	SELLICE OF		
es the	12	PART 2. OTHER SIGNIFICAN		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1 (a
significant signif	Z	ASCALO	). Right and Le		was attaches	
been mit. I	CERTIFICATION	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	1 200 AUTOPS / 206 IF YE	, WERE FINDINGS USED
2 . 0 0 0 2	F					YING CAUSES OF DEATH?
The history	- 12	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71/ HOW INTURY OCCUR	YES NO YE	
phys rifico		OR CONTRIBUTING CAUSE OF		DAY YEAR	(ENTERNATURE OF INJURY IN TEM TO	ART I OR FART 2)
SIC of the state o	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI		19		
PHY andir d M	4ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
rke of the	1	AT WORK NOT WHILE		11.5	2 1/1	201
ALDIN ar ase o se o		220 1 certify that (I) (this has	spital) attended the deceased from	1.115 . 19 8	5. to 414	19 56, that (K(we) los
TEN TOR TOR Sf H		saw the deceased alive	on 4 4 19. not) view the body ofter death.	86, and that in (pu) (our) opinion	death accurred on the date and hou	r and from the causes stated
A AT A A A A A A A A A A A A A A A A A		276. SIGNATURE	not) view the body offer death.	DEGREE	Walliam and the same of the sa	224. DATE SIGNED
T T T T T T T T T T T T T T T T T T T	100	(////	The Mes	MIN ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4-4-86
SPITAL I by t VERAL be del	-	22d. PHYSICIAN'S NAME GLYP	K (00 991N1)	22e ADDRESS	DIRECTOR PHYSICIAN	
0 0 50 5 0		-	DIDTUMARISCO	S Davis	field Hospi	140
TO HOSPITA etained by TO FUNERA should be de with the Stat			DRTUONDO	1 s rung	11-001 111-3/11	14
5 5 - 2 2 5	23a.	BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION  City or town	COUNTY STATE
BP	1 5	Cremation	4-8-1986	Lee's Crematory	Washington, 1	).C.
DHMH - 16 50M 4/83	24. F	uneral director nesyRinaldi Fur	11800	) N.H. Ave., 250. DA	TAREC D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
0/PA 15 4)	LI	restatur tu	Cily	er Spring, Md.	VI 1/ T T 1900	MAN 2 210 MATOR

DHMH - 16 50M 4/83 (VRA 15, 4)

HISTORIAN TO HER TO SHEET A SHEET OF THE SHE

11691-1

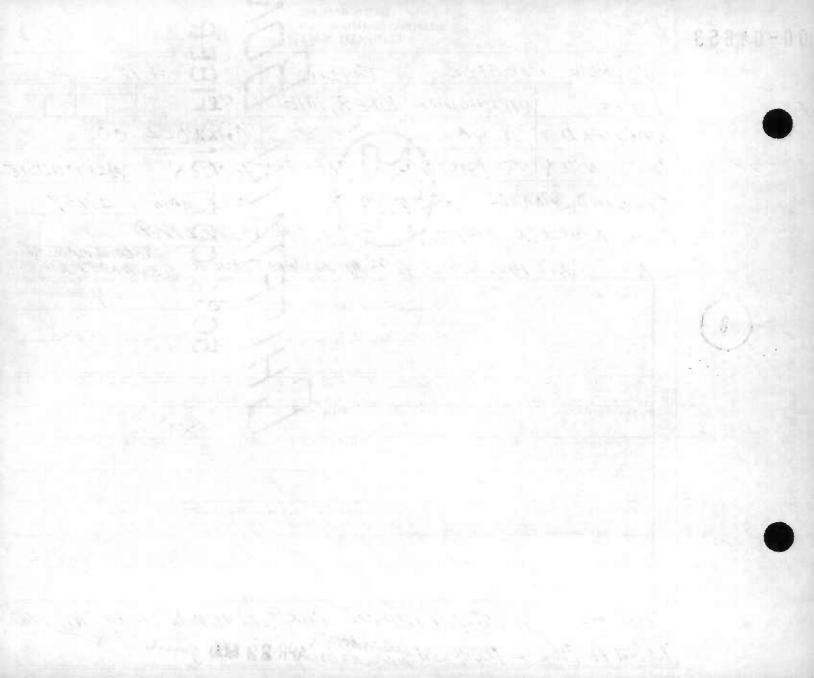
3 8 4 4			ima£ro/itr	•	575
	47	60 63		atini	o frank
	Illumul n			A20	J
	Tunnerlie	Centur	Istlandi bel	Man/mil	of[]vuol
1000 eggs m 1	TOP SSAL	7 7		r = wytwo	b1
i, affiyeawyi.	dioo.	Loidealage	7 - ° - 10 3		our_
	Y The second				
	4 28	3A	1	V.	
30-1-0			THE S		
A And	In State	S P K		121876	170
					The state of

DHMH - 16 60M 7/84

(VRA 15, 4)

John Rausch F. H., Owings,

1--16 CARDIC ENDERHOLD PERSON AND DEPRESENTAL CARROLL AT LOUIS AT LOUIS AND A LOUIS 93 -3 -1 98 -5-1,70 37 18 14 CH PULLSTON WHENDERSCHILDT 



77	1 -	FOR STATE REGISTRAR Jacker	Mary	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTLE CATE OF DEATH	GIENE 8 6 REG. NO.	
1	I DE	LASED NAME FIRST Mary	Alice	Tucker	20. DATE OF DEATH MONTH	30 & 17
or offer	1.56	F	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
35	6	GY16/1 Courty	CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	P BALTIMORE CITY OR COU	unty
120	11/1	TY OR TOWN OF DEATH	GIF NOT IN SUCH FACILITY, GIVE STREET	ty tasp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 126 KIND OF BUSINE
35	130 5	Md BOUNTY		YES NO NO	130 STREET ADDRESS / ZIP C	Der Ridge
1000	1	Tollie MD	DENWAY	15. MOTHER'S MAIDEN NA	"NE WIDDLE	Frock
- Foger		AS DECEASED EVER IN U.S., ARME NOWN) (IF YES, GIVE W		-8674 Archiz F	Tucker h	109 Turkeyt
he ottending physical process carbon pdp mailion, or remains a troumotic events.		PART I. DEATH WAS CAUSED B  IMMEDIATE C  Conditions, if ony, which gave rise to immediate cause (o), stating the	DUE TO, OR AS A CONSEQUENCE (b)	JENCE OF CICUTE 1	SHOCK MI.	APPROXIMATE INTER BETWEEN ONSET AND
e prior to burial, or other	CERTIFICATION	underlying cause lost.	05	DEATH BUT NOT RELATED TO THE TER/	20a AUTOPSY? 20b 16	GIVEN IN PART 1:0  EYES, WERE FINDINGS USEI RTIFYING CAUSES OF DEAT
inf-transit of that trapien em 18 sho-	ICAL CERTIF	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [ P.M.	DAY YEAR	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
the but	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	211 LOCATION	CITY OR TOWN	COUNTY S
for use of Health		220.1 certify that (1) (this hospital) sow the deceased alive on obove, (1) (we) (did) (did not) v	G+ 30 19	and that in (my) (our) opinian	death accurred on the date and	, 19 , that (I) (v
detoched detoched tote Dept.	K	22b. SIGNATURE	marlla		DIRECTOR PHYSICIAN	22c. DATE SIGNED
hould be hould be with the St MPORTAL		22d PHYSICIAN'S NAME (TYPE OF PR	J. Sevill	1 COLINUX SE	ky ld. U	16STMINSTE
	23a, 6	Thriel	5-3-1986 3	HAME OF CEMETERY OR CREMATORY, T. May 5 CIRCLY	5 STORY REAL	Euniver 11 5
16 60M 7/84 A 15, 4)	7	NAMES OF Flatcher	hle sofer	inster Pad. NA	TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE

the design of the second secon Ary alice Proper - Area and Ar Constituting U.S. P. Tollie Fred College of Fred Park Park But 5 5 175 St May Easty Shee Am Come! Felt Thom I shall historial the ship and the second

	STATE OF MARYLAND	
0-05009	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	4 3 1
be oge 3		36 1227 M
ge 4 may	Female Grace Caricas S. Date of BIRTH YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I MONTHS	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
deoth. Po	MACUZNO 16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED CARROLL WIDOWED DIVORCED CARROLL	aintino
by the f	WEST MINSTER CARROLL CO. GENERAL DUBLICATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	IND OF BUSINESS/OR
AND 21	130. STATE 136 COUNTY 136 CITY OR TOWN 13d. INSIDERITY LIMITS? 130 STREET ADDRESS / ZIP CODE 2/ 3763 London Order	788 ge RD
ompletely of the with	14 FATHER'S NAME  INST KNOWNY — LAST  IS. MOTHER'S MAIDEN NAME  FIRST — UNIDDLE KYOU	J
BALTIMORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT RIPORD 941  (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-14-2988 VINCENT RIPORD WAS	KIES MILL
ST., BAL	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c).  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  IMMEDIATE CAUSE (a).	PPROXIMATE INTO LEATING WEEN ONSET AND DEATH
that the death of by the arman of, cremoter transment	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	
ORDS, 24 requires en signer t. Then pl or to burn y injury, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	
TAL RECOI	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206. IF YES, WERE F IN CERTIFYING CA YES NO YES 120. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PAI	
> Z & S O T S	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	RT 2)
PH tend	All WORK All WORK	TY STATE
DIV hospital or at IRECTOR: After hed for use as it ept. af Heolth o	220.1 certify that (1) (this hospital) attended the deceased from 19 19 to 19	
T Dood	2726. SIGNATURE  DEGREE  A VENDING MEDICAL STAFF  PHYSICIAN DIRECTOR P	TZZ/86
TO HOSPITAL reformed by t TO FUNERAL should be de- with the Store	230 OURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	1 A D
BP	CREMATION 4-26-60 WESTVIEW CREMATORY TOWN WESTVIEW M FUNITRAL DIRECTOR  THE PLAN DIRECTOR  THE PLAN DIRECTOR TOWN WESTVIEW  TO THE PLAN DI	) H H STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Barroma + H. Severna PK, m DAPR 28 1000 Julie Keighe	Police

2.0 0 2 0 - 01 Crementer 4-24 the second of t

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR 20 DATE KNOWN 2b HOUR . DECEASED NAME MONTH DAY (TYPE OR PRINT) OF ESTI-F. **JEREMY** WET SH DEATH MATED 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 7d HOUR . SEX DATE LAST BIRTHDAY PRONOUNCED Male White DEAD Feb. 8.1986 YRS 4-13-8619 7:02 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR NEVER MARRIEDX FOREIGN COUNTRY) U.S.A. Carroll County Maryland WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Westminster Carroll Co. Hospital None WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21157 13e STREET ADDRESS Westminster 13d INSIDE CITY LIMITS? Maryland Carroll Apt D Thomas Lane YES K 149 NO [ IS, MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST Welsh Vicky L. Stitely James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) James F. Welsh, Same As #13 No None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BE FORWARDED TO THE CHIEF CTOR, PAGE 3 SHOULD BE USED IT HE STATE DEPARTMENT OF HIMAN, 21201 PRIOR TO BURIAL, YES X NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 714 INJURY OCCURRED 2 If LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK |X|22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian Undetermined manner Natural causes Suicide Homicide \_\_\_ Accident TO MEDICAL EXAM EXECUTE THE CERTIF PACE: 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYI TITLE (SPECIFY) Aggistant MEDICAL EXAMINER 4-14-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, m.D. 1111 Penn Street 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Carroll Md. 4-16-1986 Bethany 07/84 BP APR 1 6 1088 Sules Devides - Handelle 25M 24 FUNERAL DIRECTOR **DHMH - 17** Charles W. Burrier, Jr., Sykesville, Md. (VR A1S ME (5))

STATE OF MARYLAND

48989499 NEARS on Emperor with a the service of Burnel bare 986 | Between 737 8 2 144 

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		43	ang)
6		6-4	J
REG. NO.			

3

Ü		REGISTRAR		CEKTIFI	CALE OF DEATH	0	REG. NO.				
		CEASED NAME FIRST	MIDDLE		\ST	2a DATE O	F DEATH MONTH	DAY	YEAR	26 HOUR	
	(TYPE	ORPRINT) VETA	MATIC	> U	offrum	6	Epvil	18 1	1986	12300	М
	3. SEX	Α	RACE	5 DATE O		6. AGE (IN	YEAR LAST BIRTHDAY	IF UNDER		IF UNDER ZI HRS	_
	1	Jemale	White.	ani	il 17. 1909	7	A YR	MONTHS S.	DAYS	HOURS MIN	1.
1			CITIZEN OF WHAT COUNT	TRY? 8 0	NEVER MARRIED	9 BALTIMO	ORE CITY OR COUN	TY OF DE	ATH		
2	3	orte Mars	11150		DIVORCED [	C	word	e			AD.
20	in Cit	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU		R OTHER INSTITUTION		OCCUPATION  REFORMOST OF WORKING		CIND OF	BUSINESS O	R
6	M	anchester	Long Vien	4.4	sun Hours		touren		33161		
79	05UA	LERESIDENCE DE MILESING EDME OR C TATE LUB COUNT	THER INSTITUTION GIVE RESIDENCE B	BEFORE ADMISSION)	13d. INSIDECITY LIMITS?	13e STREET	ADDRESS / ZIP CO	DDE	211	5-5-	
2	/	Me Bal		erro	YES NO	11	409Tren	ton ch	w	LON	
19	14. FA	THER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM	ME L	MIDDLE		LAST	1	T
24	1	John	RIAI	B	ETIZA	hOLL					
0		AS DECEASED EVER IN U.S. ARM	WAR OR DATES)	SECURITY NO.	17. INFORMANT MF.	5 des	ADDRESS /	legno	lel	- 1	
10		NO	021-	38-7183	16 409	rento	2 min	The st	q		
9		18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b	i, and ici.	1.		1 0	BE	APPROXIA	NATE INTERVAL	1
		PART I. DE ATH WAS CAUSED IMMEDIATE	CAUSE (0) arter	melen	the Cardy	ovas	couley 12	nen	2	5	
		- 13 - 15 E	DUE TO, OR AS A CONSI	EQUENCE OF		_	1	3		12	
		Conditions, if ony, which	(b)	Glenens	Is ad arth	reservan	ellerous	5	L	100	
		gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSI	EQUENCE OF	Y						
		underlying couse last.	(c)								
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE OR CONDITION	GIVEN IN P	ART Iro	ı	_
	ON	Cerebrod	Jascular a	cades	t(1981)						
1	CATI	196 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	20a AUT		YES, WERE		GS USED OF DEATH?	
Also a	CERTIFI		La Carlo Harris	- 100		YES 🗌	ног	YES 🗌	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO 🗌	
15	CE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTERN	NATURE OF INJURY IN ITEM	18 PART I OR F	PART 2)		
7	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
	MEDICAL	21d. INJURY OCCURRED	21¢ PLACE OF INJURY	EICE EADM ETC I	211 LOCATION STREET		CITY OR TOWN	COU	NIY	STATE	
	2	AT WORK NOT WHILE	TACTIONE, STREET, FACTORY, OF	FICE, FARM, ETC.)	6		*1 44				
	100	22a I certify that (1) this hospita		om apr	1982	_, to a	poul 18	1986	, t	hat (we) lo	ost
		sow the deceased alive on above (1) we) (did (did not)	view the body alter death.	19 <u>86</u> , on	d that in (my) (our) opinion of	death accurr	ed on the date and l	haur and fro	om the o	ouses stated	
		226. SIGNATURE	1	. 0	DEGREE			220	DATE	IGNED,	_
		WIL	troand.	MI	ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN	1	+11	18/26	,
1		274. PHYSICIAN'S NAME (TYPE OR	PRINT)	1	220 ADDRESS 322	-3 M	air St	Box	E		
		WIT	OARD MI		MANC	hPs	ter M	1	2//	02	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION (	COUNT	, †	STATE	=
	Cr	emation	04/19/86	Moctario	W Crematory		tonerrillo				

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR.

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remaval

MPORTANT: If them 21 is marked or Item 18 shibws ony

24 FUNERAL DIRECTOR QAmbrose Funeral Home 1328 Sulphur Spring

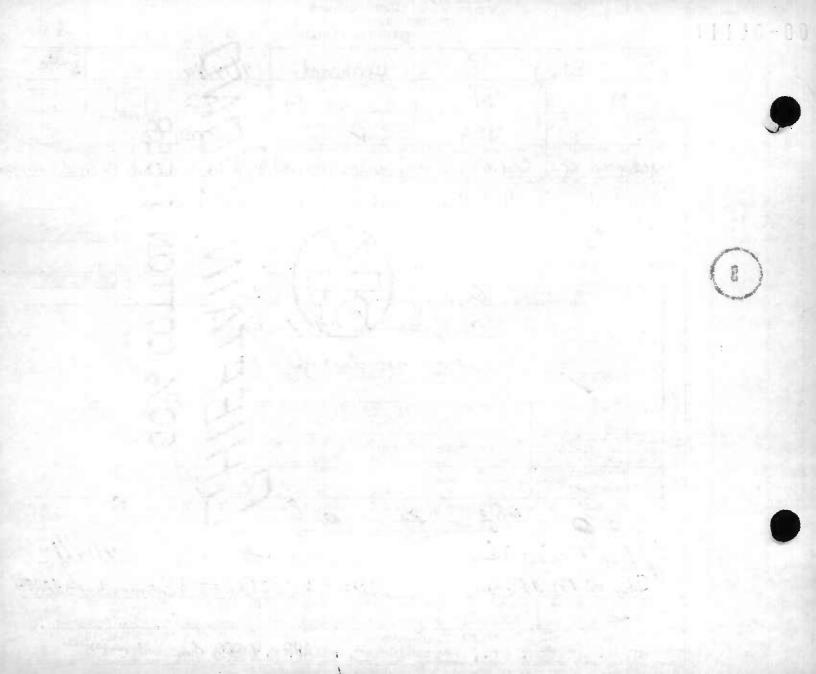
04/19/86

Westview Crematory Catonsville Balto Maryland

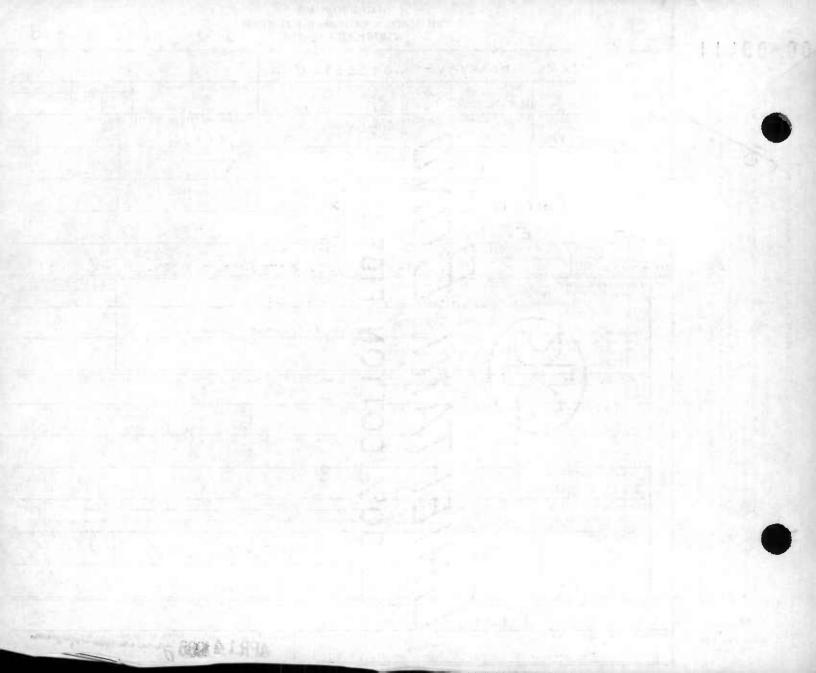
256. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE

APR 21 1986 Fishe Davidson Rendame

West thought we would be done it done in The second secon Parties Table 1 Table The state of the second was and the state of the state of Me Bulle Comme of the Mountainer The state of the same of the s sentenment with another the party through a great who the wind the throughout the same The Transport of Towns and the second Martin June 1 1 100 Carl 1 - 11 M WHEN ALL SITUATION OF THE STATE OF THE 199 21 gg 15 991



	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL I IFICATE OF DEATH	HYGIENE 8 6		4 3 5
10-03411	1. DECEASED NAME (TYPE OR PRINT)  HE	NRY ELW			20. DATE OF DEATH	MONTH DAY Y	986 11 20 PM
a do o de constante de constant	Male	CAUCA:	MC MC	E OF BIRTH  NTH DAY YEAR  19 19 14	6. AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
01118	70. BIRTHPLACE (STATE ORFO COUNTRY) MASSACHUSE	- 1100		RIED NEVER MARRIED WED DIVORCED	9. BALTIMORE CITY C	OR COUNTY OF DEA	TH MD.
50 90	SYKESVIL	(IF NOT IN SUC)	HOSPITAL, NURSING HOM HEACILITY, GIVESTREET ADDRESS) HAVEN	E OR OTHER INSTITUTION	12a. USUAL OCCUPAT ITYPE OF WORK FOR MOST O	OF WORKING LIFE) INDU	IND OF BUSINESS OR ISTRY
AND 217	USUAL RESIDENCE (IF NURSI 130. STATE Md.	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN SYKESVILLE	13d. INSIDE CITY LIMITS YES NO	? 130 STREET ADDRESS 7200 3rd	1-17	21784
AARYLA ompletely 1 completely 1	14. FATHER'S NAME FIRST HENRY	MDDJE E, V	VORCESTER	15. MOTHER'S MAIDEN  ALICE	MIDOLE	DUA	VCAN
BALTIMORE, core be executed to be executed by the second or ord or ord. Popes ord.	160. WAS DECEASED EVER I IYES, NO OR UNKNOWN) UNHWUUWNO	N U.S. ARMED FORCES? . (IF YES, GIVE WAR OR DATES)	2 14-03-87	/	200 rgaret Word		kesville
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon or urial, cremoficn, or remo	Conditions, if ony, gove rise to imm couse (a), stating underlying couse  PART 2 OTHER SIGN	which ediote the lost.    DUE TO, OR	Melenkans of RAS A SUSEQUENCE OF RAS A CONSEQUENCE OF	plostueture L	MUS DESPOS ERMINAL DISEASE OR CON	9	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
The low rection.	19a. DATE OF OPERAT		TION FOR WHICH OPERAT		200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	NO [
DIVISION OF VITAL RECORDS, NG PHTSCLIAN: The low requirement of physician. He the conflicted has been significant to the modern on situation of the modern o	21a. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER, NOT IFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH HOUR A.A. ALEXAMINER) P.A. ED 21e. PLACE C	M. MONTH DAY YEA  A. 1  DEFINIURY	211. LOCATION	CURRED (ENTER NATURE OF INJU		
OR ATTENDE or hopital to DRECTOR, a nicked to use Digs. of Heal	270. I certify that (h) sow the decease obove (h) (we) (d) 22b. SIGNATURE	this hospital) attended the distinct of the body.  A dive an distinct of the body.	19 86	DEGREE ATTENDING PHYSICIAN	ion death accurred on the d	ote and hour and from	, that (I) (we) lost
O HOSPITAL TO FUNERAL should be det with the Store	PATRIC	KA TURI				Tykesvilla	e ud
BP	23a BURIAL, CREMATION, F			CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH- 16 30M 2/80 (VRA 15, 4)	Remov 24 FUNERAL DIRECTOR NAME Ana	al   4-11 tomy Board	ADDRESS	alto. Md.	APR.14 1986	194 REGESTRAR'S SIG	SHAMPHARM



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-CHARLOTTE RUTH FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, DEATH MATED 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. DATE MONTH PRONOUNCED Cauc. 9 18 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY) CARROLL COUNTY USA WIDOWED DIVORCED PAGE 5 E FILED, S, 301 W 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Westminster housewife RETAIN PA Hughes Shop home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21157 136 COUNTY 13g STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Hughes NO-F Carrol lestminster AND 2 S 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME PM MIDDLE MIDDLE LAST William Jacob Mvers Anna Eliza Hahn BALTIMORE, 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary Lynn Yinglin 13e GIVE na 18. CAUSE OF DEATH (Enter only one cause p APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IN TO, OR AS A CONSEQUENCE OF Canditians, if any, which CAL EX CALLES BURIAL IN AND MENTAL I gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BUR. HEALTH AND CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF O BURIAL YES NO [ WARDED TO THE CASE 3 SHOULD BE TATE DEPARTMENT OF BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN AT WORK NOT WHILE COUNTY STATE STATE AL-WORK SHOULD BE FOR FEAT DIRECTOR: FEATH, WITH THE STAR, MARYLAND, 21 Inspection 2 rtify that I took char Autapsy and in my apinian death resulted from Indetermined manner PAGE 4 SHOUNTO TO FUNERAL DAFTER DEATH, BALTIMORE, MA EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION uria Pleasant Valley Cem BP Carrol 24. FUNERAL DIRECTOR Washington Road 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Westminster Pritts. Sr.. 15M 7/77

STATE OF MARYLAND

